

**APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY
SCREENS AND WYOMING CRIMINAL HISTORY RECORD PREScreens**

Please complete below (print clearly).

Person Being Screened: _____
Name of Person Within Requesting Facility: Glenda Lacey
Name of Facility, Organization or Agency: DFS
Mailing Address: 130 Hobbs Ave.
Cheyenne, WY 82009
Phone Number: (307) 777-8914 Fax Number: (307) 777-3693

Purpose of Screening (Department of Family Services and Child Care Facilities ONLY):

Child Care Subsidy Program: _____ Adoption: _____
Child Care Licensing: _____ Foster Care: _____
24 Hour Substitute Care Certification: _____ DFS Employment: _____
Other: Citizen Review

Volunteer, prospective employee or an employee who has or may have unsupervised access to minors or disabled adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

The Request: Send a completed Authorization of Release of Information (reverse side) and this application form to Department of Family Services, Division of Juvenile Services, Third Floor Hathaway Building, Cheyenne, WY 82002. **AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM THE DATE SIGNED.** An eight (\$8) fee is required for each individual screened. The requesting organization shall include a check or money order, payable to the State of Wyoming, in the amount of \$8 multiplied by the number of screens requested. If the organization pays with a check, it should use a check drawn on its account. Do not send cash. Submit a self-addressed envelope with the request. Incomplete forms and requests not accompanied by a check or money order will be returned unprocessed.

NOTE: Central Registry Screens and Criminal History Record Prescreens are specific to the State of Wyoming.

(Copy of SS-26 Form will be returned to Applicant within 10 days of receipt)

For DFS office use only.	Date Completed: _____	Ref #: _____
Check #: _____	MO #: _____	
Listed on the DFS Abuse/Neglect central registry: YES <input type="checkbox"/>	NO: <input type="checkbox"/>	
DCI criminal history <u>prescreen</u> : No Disqualifying information: <input type="checkbox"/>		
You may consider having a complete criminal history background check: <input type="checkbox"/>		
Instructions for requesting a DCI criminal history records check enclosed: <input type="checkbox"/>		
Kathy Garcia _____ Central Registry Specialist	Christian Smith _____ Supervisor/Manager 3	

**AUTHORIZATION OF RELEASE
OF CHILD OR DISABLED ADULT WYOMING CENTRAL REGISTRY
AND CRIMINAL HISTORY PRESCREEN RECORD INFORMATION**

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record prescreen to check for abuse, neglect and exploitation of children or disabled adults or crimes against the person(s) or property. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated criminal or abuse activities may be grounds for termination of employment. **AUTHORIZATION IS VALID FOR 30 DAYS FROM THE DATE SIGNED.**

(Please print or type)

Full Legal Name: _____						
Maiden Name: _____		Aliases: _____				
Social Security Number: _____			Date of Birth: _____			
Ethnicity:	Asian	Caucasian	Black	Sex:	Male	Female
	Hispanic	Native Am.	Other			
Current Address: _____						
_____	_____	_____	Phone: ()			
City	State	Zip				
List All Addresses for past ten (10) years:						
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
"Voluntarily" List Names of your Children (This information assures accuracy of the screen.):						
_____	_____	_____				
_____	_____	_____				

In the course of my duties, I will have unsupervised access to (check as many as apply):

Children: Yes No Disabled Adults: Yes No

Both Children and Disabled Adults: Yes No

(Employee's, Prospective Employee's or Volunteer's Signature)

Date (Valid for 30 days)