



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Western Community Health Resources Respite Program/308-432-5092

Agency Name/ Fax: _____

Please do not use abbreviations

821 Morehead, Chadron NE 69337/308-432-2747 ext. 100

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant) _____ **Date** _____

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth _____ **Applicant Social Security Number**

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

