

Requests for Child Protection Central Registry Checks

IDAPA 16.06.01

562. Confidentiality of the Child Protection Central Registry and Requests to Check the Registry.

- 01. Confidentiality of the Child Protection Central Registry.** The names on the Child Protection Central Registry are confidential and may only be released with the written consent of the individual on whom a criminal history and background check is being conducted, unless otherwise required by federal or state law. No information is released regarding the severity or type of child abuse, neglect, or abandonment.

Idaho Department of Health and Welfare, **Criminal History Unit** will conduct Central Registry checks for the following:

1. Out-of-state agencies involved in licensing foster homes.
2. Out-of-state agencies for the purpose of adoption screening.

For instruction on requesting central registry checks for out-of-state adoption or foster care purposes, please visit <http://www.healthandwelfare.idaho.gov/AboutUs/CriminalHistoryBackgroundChecks/tabid/851/Default.aspx>.

Idaho Department of Health and Welfare, **Child Welfare Program** will conduct Central Registry checks for the following:

1. In-state agencies for the purpose of adoption screening.
2. Any individuals requesting information on themselves.
3. Any agency for the purpose of employment or volunteer work.

Requestors (1-3 above) sending hardcopy requests must provide:

1. A written request on the requestor's letterhead **stating the reason for the request** (e.g., foster home licensing, adoptive placement, etc.).
2. Name and title of individual requesting the information.
3. Contact information (e.g., phone and fax numbers, address, etc.)
4. Requests must include the following information on individuals for which central registry checks are being requested:
 - a. Name(s) of individual(s), including any previous names (if known).
 - b. Date of birth.
 - c. Social Security number (if known).
 - d. Address while a resident of Idaho (if known).
 - e. Signed and notarized Idaho Department of Health and Welfare Authorization and Consent to Release Information (attached below).
 - i. Requests on minors must also include a notarized parent or legal guardian signature.
5. A self-addressed, stamped envelope must be submitted with each Central Registry Request.

Hardcopy requests should be mailed to:

Idaho Department of Health and Welfare
Children and Family Services
Attn: Tina Griffin
450 W. State St., 5th Floor
PO Box 83720
Boise, ID 83720-0036
(208) 334-5690

Requestors (1-3 above) sending emailed requests must provide:

1. A written request on the requestor's letterhead **stating the reason for the request** (e.g., foster home licensing, adoptive placement, etc.).
2. Name and title of individual requesting the information.
3. Contact information (e.g., phone and fax numbers, address, etc.)
4. Requests must include the following information on individuals for which central registry checks are being requested:
 - a. Name(s) of individual(s), including any previous names (if known).
 - b. Date of birth.
 - c. Social Security number (if known).
 - d. Address while a resident of Idaho (if known).
 - e. Signed and notarized Idaho Department of Health and Welfare Authorization and Consent to Release Information (attached below).
 - i. Requests on minors must also include a notarized parent or legal guardian signature.

Emailed requests should be sent to:

IDCRCHECKS@dhw.idaho.gov

Emailed response letters:

Will **only** be returned to the email address from which they were received.

Idaho Department of Health and Welfare
AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize and direct the Idaho Department of Health and Welfare to conduct a name search to determine if I am listed on the Child Abuse and Neglect Central Registry as a person responsible for a substantiated case of abuse, abandonment, or neglect of a child. If the subject of this release is a minor, the notarized signature of a parent or guardian is also required.

I further authorize and direct the Idaho Department of Health and Welfare to release the results of this search of the Child Abuse and Neglect Central Registry to: _____

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will affect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing. THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

Please Print – Complete spelling of the name is required – no initials		
Name:	Date of Birth:	Sex:
Maiden/Former Name/Aliases:	Social Security Number:	
Applicant Signature:		Date:
Parent or Legal Guardian Signature:		Date:

State of _____)

County of _____)

On this _____ day of _____, 20____, before me _____, personally appeared

(Notary)

and _____, who proved

(Printed Applicant Name)

(Printed Parent or Legal Guardian Name)

to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he (she)(they) executed the same.

 Notary Public

My Commission Expires: _____