

**INSTRUCTIONS FOR COMPLETING THE SUPPLEMENTAL CHILD ABUSE/NEGLECT
CENTRAL REGISTRY CLEARANCE REQUEST (DHR-FCS-1598-B)**

Purpose: This form is used to request information from the Child Abuse/Neglect (CA/N) Central Registry for employees or potential employees of day and night time childcare centers; exempt day care centers, who will provide unsupervised and/or supervision for children AND that have lived in another state(s) within the last five years.

Instructions: The person or facility requesting the clearance **MUST** provide an original (with the original applicant signature) and one (1) copy of the 1598-B Form with all information completed. Completed **1598-B's must be submitted within ninety (90) days** from the date the person to be cleared (applicant) signed the form. The 1598-B should be attached to the DHR 1598 Central registry Clearance form.

These forms(attached to the 1598) are to be sent to the: **State of Alabama DHR; Office of Child Protective Services; CA/N Central Registry; 50 N. Ripley Street; Montgomery, Alabama 36130.** Requests may be sent via U.S. Mail, UPS, or FedEx. This office **MUST RECEIVE THE ORIGINAL REQUEST(S)**, not just copies.

Complete 1598-B's CLEARLY by printing or typing all required information on EVERY line. Black or blue ink or typing is to be utilized. BLUE ink is preferred; but if using BLACK ink, please be sure to specify which sheet is the original. If nothing applies use N/A or draw a line through it. **DO NOT LEAVE ANY LINES BLANK.** Attach additional pages as needed to provide all requested information.

Name (PRINT CLEARLY) Date of Birth; Maiden Names/Aliases, SSN

Alias, Maiden & Prior Married Name(s): Any other names the applicant has used; i.e., nicknames, and ALL married names. Type/print N/A (not applicable) if does not apply.

Other States where person has lived and/or worked within the past 5 years: List, on the spaces provided: the other state(s), counties, and addresses where the applicant has lived. Include the dates of residence for each entry in this section.

Signature of Applicant: This is for the applicant to read the statement and sign and date the form.

Signature of Witness: This person should see the applicant sign and date their signature on the 1598-B form and then the Witness will then sign and date beside in the spot provided. Note: The date the applicant signs should be the same as the date the witness signs.

To be completed by DHR: Documentation of the results of this clearance will be noted in this area. The person/facility making the request is notified that: (a) there is a substantiated (i.e., "Indicated") report involving the person being cleared; or (2) there is no report located involving the person being cleared; or (3) the requested was denied and the reason why; or (4) there is an "other" disposition which will be explained.

NOTE: The 1598-B will be processed upon receipt by SDHR. The form will be held at SDHR for thirty days pending response from other states. Should no response be received within that timeframe, the form will be returned to the provider with notation that no response was received. An amended form will be forwarded if additional information is learned.