

ALABAMA DEPARTMENT OF HUMAN RESOURCES

SUPPLEMENTAL CLEARANCE (to be submitted by Daycare providers ONLY)

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form. ** See instructions for the address to use when submitting this form. **

Requesting Person or Agency/Organization: _____
Mailing Address: _____
Telephone Number: _____
Email: _____
PRINT Requestor's Name: _____
Requestor Signature _____ Date _____
Witness Signature _____ Date _____

The person whose name and identifying information, printed or typed below, will provide unsupervised care and supervision of children as an employee [] volunteer [] other []. This person's specific job/role is or will be:

Name: _____ Sex: Male [] Female [] Race: _____ DOB ___/___/___

Current Mailing Address: _____

Alias, Maiden & Prior Married Name(s): _____

Name & DOB of Spouse & Former Spouse(s): _____

Name & DOB of Children / Stepchildren: _____

States other than Alabama where person has lived or worked within the past five years:

State: _____ County: _____ Dates Resided: _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry for the State(s) listed above about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____ Signature of Witness: _____ Date: _____

To be completed by DHR

A search of the Central Registry for the State(s) listed above has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

[] Substantiated report (i.e., indicated) located. See attached information.

Type Report: Physical Abuse [] Neglect [] Sexual Abuse [] Mental Abuse / Neglect []

[] No report located. [] Request Denied [] Other _____

Office of Child Protective Services Representative: _____ Date Completed: _____