



REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R / 10-07) / CW 2128
DEPARTMENT OF CHILD SERVICES

The check for CPS history is conducted through the Child Protection Index (CPI) within the Indiana Child Welfare Information System (ICWIS). This database has been the primary electronic source for statewide child protection information since March of 1997. For questions or concerns about the time period prior to 1998, submit this signed consent form to the local DCS office of any county in which the subject has resided.

Name of subject of check	Date (month, day, year)
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Reason (check all that apply)

Foster care Adoption Guardianship Employment Unlicensed placement Other _____

Category of subject

Applicant / licensee Household member* Volunteer/intern** Employee Other _____

Requestor

Department of Child Services (DCS) _____ County Licensed child placing agency - Name _____

Child caring institution _____ Other _____

* All household members regardless of age. For minor household members age zero (0) to thirteen (13), the check is done to assess placement capacity and compatibility.
 ** Volunteers / interns who have regular and continuous contact with children supervised by the applicant or licensee.

CONSENT TO CHECK CPS RECORDS

I hereby consent to a release of information to the above-named requestor and the _____ County office of the Department of Child Services regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from date of consent

List any other Indiana county(ies) in which you have resided prior to 1998. _____

Signature of subject of check (parent or guardian if subject is a minor)	Date (month, day, year)
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Printed name (first, middle, last; include any maiden / alias / other married name)

Date of birth (month, day, year)	Social Security number (List all numbers that have ever been assigned to you under any alias name.)
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REQUESTED INFORMATION

Has the above-named person ever been licensed as a foster parent in your county? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the license closed or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please explain the circumstances.

Does the above-named person have a record of substantiated child abuse or neglect in your county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the person the perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain and/or attach any relevant documentation.

If this person was identified in another county(ies) on the CPI, please name the other county(ies) so the information can be requested.

Signature of person completing the check	Date (month, day, year)
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Printed name	Title
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_____ County office of the Department of Child Services.

Return form to:

Printed name	Title
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Address (number and street, city, state and ZIP code)