



New Mexico Children Youth & Families Department
 Protective Services Division/Placement, Prevention & Adoption Resource Bureau/Criminal
 Records Check Unit



Children Youth & Families Department

New Mexico Child Abuse & Neglect Check

**** Form shall be typed. Form will be rejected if information is missing. ****

I hereby authorize the NM Children Youth & Families Department (CYFD) to check for allegations of child abuse and neglect made against my name(s) and to check records for prior applications to become a Resource Parent. I understand that the check will be used in consideration of my suitability to be a Resource Parent. I release the NM CYFD from liability and otherwise hold CYFD harmless. The Department has my permission to provide the results to:

| | | | |
|--------------------------|----------------------|-------------------|-------------|
| *Agency Name | *Contact Name | *Phone # | |
| *Agency Type: | Docket # | Court Name | |
| *Mailing Address: | *City | *State | *Zip |

For Agency Use Only E-mail:

For Agency Use Only

APPLICANT INFORMATION

List your birth / legal name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used.

****Form will be rejected if fields are left blank.****

| | | | |
|--|--|-------------------|------------------|
| *First Name | *Middle Name <small>If none then NMN.</small> | *Last Name | |
| *Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc. <small>If none then N/A. Do not leave blank</small> | | | |
| *Social Security Number <small>9 digits</small> | *Date of Birth <small>mm/dd/yyyy</small> | | |
| *Physical Address | *City | *State | *Zip Code |
| *Place of Birth <small>City, State</small> | *Phone # | | |
| *Current Spouse / Significant Other: List the full name, DOB and SSN. <small>If none, please indicate N/A in the name field.</small> | | | |
| Full Name | *DOB <small>mm/dd/yyyy</small> | *SSN | |
| Previous Spouse / Significant Other: List the full name, DOB (if known) and SSN (if known). <small>If none please indicate N/A in the name field.</small> | | | |
| Full Name | DOB <small>mm/dd/yyyy</small> | SSN | |
| Full Name | DOB <small>mm/dd/yyyy</small> | SSN | |

Please list the full name(s) of any birth, adoptive, foster, step or other children who have lived in your home. **Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).** If none please indicate N/A in the first name field only.

| | |
|------------------|--------------------------------------|
| Full Name | DOB <small>mm/dd/yyyy</small> |
| Full Name | DOB <small>mm/dd/yyyy</small> |
| Full Name | DOB <small>mm/dd/yyyy</small> |
| Full Name | DOB <small>mm/dd/yyyy</small> |
| Full Name | DOB <small>mm/dd/yyyy</small> |

Please list all previous street addresses where you have lived at any time during the past 5 yrs. **Please include New Mexico address(es). Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).**

| | | |
|------------------------|---------------------|-----------------------|
| *Street Address | *City, State | *Yr(s) resided |
| Street Address | City, State | Yr(s) resided |

FOR NM CYFD/PS USE ONLY

Our office has completed a child abuse and neglect check via our Family Automated Client Tracking System (FACTS). Our records show the following for : _____

The following **Substantiation(s)** were found:

| Date Check Ran (Internal Use Only) | Date(s) Investigation Opened | Date(s) Investigation Closed | Physical Abuse | Physical Neglect | Sexual Abuse |
|---|---|---|-----------------------|-------------------------|---------------------|
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|---|---|---|-----------------------|-------------------------|---------------------|
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Should you need additional information about the information recorded above please have your **applicant** Contact CYFD's Records Custodian Kathleen Hardy (505) 827-8400 or via email at Kathleen.hardy@state.nm.us.

A search of the CYFD/PS Foster Care and Adoptions Criminal Records Check (CRC) & Adam Walsh Check database Indicates that this applicant previously had a Background Check conducted on and by the following agencies:

| Agency Name(s) | Date Background Check Conducted |
|-----------------------|--|
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If you have any questions please contact the CYFD PS CRC Unit at (505)827-8400 or e-mail CYFD.PSCriminalReco@state.nm.us.

Search processed by: _____ Date: _____

Print name of person who completed search: _____