

DC Child Protection Register (CPR) Check Request Application

This is a "fillable" PDF form. Download it on your computer, save it with applicant name and submission date: "John-Doe-App-10-01-2023" (no periods, punctuation, special characters or spaces in the file name). Type this form. If you print it and handwrite, print clearly in block lettering. Forms are returned if incomplete, incorrect or the handwriting is not clear.

I. THE REQUESTOR COMPLETES THIS SECTION												
NEW REQUEST (The applicant does not have a CPR clearance on file with this requestor) Date Needed												
RENEWAL REQUEST (The applicant has a CPR clearance on file with this requestor) Date of Last Results												
Please call 202-727-8885 or email <u>cfsa.cpr@dc.gov</u> for special circumstances needing expedited results.												
Request Purpose: Check Only One (if unsure, contact the CPR office at 202-727-8885 or cfsa.cpr@dc.gov)												
Employment	mployment											
Child Welfare	✓ Add	Adoption/Guardianship/Foster Care/Kin Care										
	☐ Gra	randparent/Relative Caregiver Subsidy										
Self-check	Personal Use (may not be used for employment, child welfare or licensing purposes)											
Contact Name	/Title											
Organization N	ND DHHS, Criminal Background Check Unit											
-			00 E Blvd Ave, Dept 325 Bismarck ND 58505-0250									
Requestor Pho		701-328					dhscfscbc@	_				
If the employer has a contract/sub-contract with a DC Gov't agency, list the agency here n/a												
Results are sent to the requestor by encrypted email. The encrypted email link will expire 30 days after it is sent. Please check the												
email junk or spam folder if you have not received the results within 14 days for initial checks or 30 days for renewal checks. II. THE APPLICANT COMPLETES THIS SECTION												
First Name Middle Name (type "no						e "no midd	le name" if none)	Last I	t Name (include suffix if applicable)			
Preferred Phone Number					Email Address							
☐Home ☐Work ☐												
Date of Birth (MM/DD/YYYY) Social Security Number (SSN) If you don't have an SSN, confirm below Sex (on birth certification)												
	Oth	au Nausa	a Haad (not a U.S. Citi	<u> </u>		☐ Male	☐ Female	
Other Names Used (maiden name, previous married name, legal name change, nicknames, alias, etc.) Other First Name Other Middle Name Other Last Name Nickna												
Household M	lember	S (spouse/p	partner, relati	ve, roomn	nate, tenant) 8	& Childre	en (biological, ado	pted, foster,	step, adult chi	ildren, living	at home or not)	
Name (first name, middle name, last name)							Date of Birth		Relations	elationship to Applicant		
						1						

RESIDENCY INFORMATION. List all addresses, and the start and end dates, to the best of your ability.

- Applicants for employment purposes working in DC must include all addresses of residence for the last five (5) years.
- **Back-up caregivers, adult household members, subsidy recipients** and **individuals requesting a self-check** living in DC must include all addresses of residence for the <u>last five (5) years.</u>
- Applicants for adoption, guardianship, foster care, and kinship care must provide all District of Columbia addresses since turning age 18, going back no further than 2002, per the Improved Child Abuse Investigations Amendment Act of 2002, D.C. Law 14-206, § 4–1302.03.

To help remember your previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

Street Address (Include Quadrant and Apt # if applicable)	City, State, Zip	Start – End Dates (MM/YYYY – MM/YYYY)
(EXAMPLE) 100 J Street NW, Apt. B	Washington, DC 20000	10/2018-present
APPLICANT CONSENT & IDENTITY VERIFICATION	ata information Lundarstand that if I	knowingly provide
I hereby confirm that I have provided complete and accuration incomplete or false information, I may be subject to fines.		- , .
Agency to provide the Requestor information about me th		
Applicant Printed Name Appl	icant Signature	Date
I will submit a color copy of a government-issued, ph	noto identification that includes my D0	OB with this application

Upload the CPR application and ID through the CFSA website https://cfsa.dc.gov/service/child-protection-register-cpr.

IMPORTANT: This application contains personally identifiable information (PII) and should only be shared via secure methods.

NEVER submit your CPR application and ID by email.