## C O N F I D E N T I A L CHILD ABUSE RECORD INFORMATION (CARI) FORM STATE OF NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES OUT-OF-STATE BACKGROUND REQUEST

## PLEASE PRINT CLEARLY IN INK.

Requesting Agency Nan	ne: NDDHS, Criminal	Background Check Unit						
Contact Phone Number: 701-328-7575 Print Staff Name:								
Staff signature:	nature:Date:							
Agency Address: 600	Agency Address: 600 East Boulevard Avenue, Dept 325							
Bis	marck, ND 58505-0250							
*IF YOUR AGEN	CY OR FACILITY IS LICENS	ED BY THE STATE, PLEASE ATT	ACH A COPY OF THE LICENSE.*					
Previous name, maiden n	ame or nicknames:							
Date of name change or o	date of marriage:							
Home address:								
City:		State:	_Zip:					
Date of birth:		Race:						
Social Security number:			Sex:					
Your Social Security numb		3-579), the disclosure of your Social Sec l only be used for the purpose of conduc ey State Law (P.L. 2003, C.186).						
Full names and birth d box 🗆	ates of your children includir	ng, if any, whether living with you	or not: NOTE: If none, check this					
Child's First Name	Middle Name	Last Name	Date of Birth					
Your previous address	es since 1980 (use additional J	paper as needed):						
1)								
From:		To:						
(month)	(year)	(month)	(year)					

Name	

2)					
From:			To:		
	(month)	(year)	-	(month)	(year)
3)					
From:			To:		
	(month)	(year)		(month)	(year)
4)					
From:			To:		
	(month)	(year)		(month)	(year)
5)					
From:			To: _		
	(month)	(year)		(month)	(year)
6)					
From:			To: _		
	(month)	(year)		(month)	(year)
Please	check applicant type:				
	_Adoptive Parent _	Foster Parent	Hou	Household Member <u>X</u> Other <u>Chil</u> (expl	
Please	check guidelines for re	quest:			
	Adam Walsh Child P	rotection and Safety Act of	2006 (Foste	r/Adoptive Applicar	nts)
	Hague Adoption Conve	ention (International Adoption	on Applican	te)	
	•	· · ·			
<u> </u>	Other Law or Statute.	Please explain. Child Ca	re Develop	oment Block Gran	t (CCDGB)

## \*A COPY OF THE APPLICABLE LAW OR STATUTE MUST BE PROVIDED WITH THIS APPLICATION\*

## All applicants completing this form must read the following and sign below:

I consent to have the DCF-CARI Unit conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I hereby request and give informed consent for New Jersey Department of Children and Families to release the results of this CARI check to my agency. I release DCF, the Office of Legal Affairs, and the State of New Jersey from any liability for any adverse impact resulting from the release of the CARI check results to the agency.

Signature:\_\_\_\_\_Date: \_\_\_\_\_