

**Arkansas Department of Human Services  
Division of Children and Family Services**

**REQUEST FOR CHILD PROTECTIVE SERVICES (CPS) CENTRAL REGISTRY CHECK**

Authorization for Release of Confidential Information contained within the Arkansas CPS Central Registry.

A. TYPE OF APPLICATION: Foster Parent  Adoptive Parent  Provisional Foster Parent  Other

B. I, \_\_\_\_\_ authorize the Arkansas Child Protective Services Central Registry to release any information their files may contain concerning the undersigned and any birth/legal children or any other children under the age of 18 who are now or have resided in the home of the undersigned. I understand that the name of any confidential informants, or other information which does not pertain to me, may not be released.

C. This information should be addressed to: Attn: \_\_\_\_\_  
Worker/Title

Office Requesting the Report \_\_\_\_\_ Address \_\_\_\_\_

D. \_\_\_\_\_  
Applicant's Signature Date SSN Age/DOB Race

E. Other names I have been known by: \_\_\_\_\_  
\_\_\_\_\_

F. Residential History for last 6 years:

Present Address (since \_\_\_\_\_, \_\_\_\_\_): \_\_\_\_\_  
month year

Previous Addresses:

(1) _____ From To	(3) _____ From To
(2) _____ From To	(4) _____ From To

G. Cities and States of Employment (outside of Arkansas) for last 6 years:

(1) City: _____ State: _____ From: _____ To: _____	(4) City: _____ State: _____ From: _____ To: _____
(2) City: _____ State: _____ From: _____ To: _____	(5) City: _____ State: _____ From: _____ To: _____
(3) City: _____ State: _____ From: _____ To: _____	(6) City: _____ State: _____ From: _____ To: _____

H. Children Now Residing or Who Have Resided In The Home:

Full Name	DOB/Age	Relationship	Full Name	DOB/Age	Relationship

I. This information is requested by DHS staff for internal use because \_\_\_\_\_

Signature of Requesting Agent: \_\_\_\_\_

J. Results:  No information found  Information found report attached