

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
** See instructions for the address to use when submitting this form. **

Table with 2 columns: Requesting Person or Agency/Organization, Mailing Address, Telephone Number, Requestor's Name, Signature, Date, and Check All That Apply. Includes fields for Kansas Department of Health & Environment, Child Care Licensing, and various care center options.

The person whose name and identifying information, printed or typed below, will provide unsupervised care and supervision of children as an employee volunteer other. This person's specific job/role is or will be:

Name Last First Middle Sex Male Female Race DOB / /

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature Date Signature of Witness Date

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

Substantiated report (i.e., indicated) located. See attached information.

Type Report: Physical Abuse Neglect Sexual Abuse Mental Abuse / Neglect

No report located.

Request Denied _____

Other _____

Office of Child Protective Services

Date Completed

**INSTRUCTIONS FOR COMPLETING THE
CHILD ABUSE/NEGLECT CENTRAL REGISTRY CLEARANCE REQUEST (DHR-FCS-1598)**

Purpose: This form is used to request information from the Child Abuse/Neglect (CA/N) Central Registry for employees or potential employees who will provide unsupervised care and supervision for children.

Instructions: The person/agency/organization requesting the clearance **must** provide an **original (with original signatures) and one (1) copy** of the 1598 Form with all information completed. The 1598 must be signed and dated (in the appropriate locations) by the person or agency/organization requesting the clearance, the person being cleared, and a witness. Completed 1598s must be submitted within ninety (90) days of the date the form was signed by the person to be cleared.

Employees or potential employees of child placing agencies; residential child care facilities; day and night time care centers; exempt day care centers and Adam Walsh Act Requests must submit the original and one (1) copy of the 1598 to the State Department of Human Resources, Office of Child Protective Services, CA/N Central Registry, 50 Ripley Street, Montgomery, AL 36130. **Note: Only Federal Express delivers overnight mail to this physical address.** All others request should submit the completed 1598 to their County Department of Human Resources.

Complete the 1598 by **printing or typing** all information in black or blue ink on the original. Attach additional pages as needed to provide all requested information.

Requesting Person or Agency/Organization Enter the name of the person, agency, or organization requesting the clearance.

Mailing Address Enter the complete mailing address of the person, agency, or organization requesting the clearance.

Telephone Number Enter the telephone number including area code of the person, agency, or organization requesting the clearance.

Email Address (Optional) Enter Email address of the person, agency, or organization requesting the clearance.

PRINT Requestor's Name PRINT the name of the person, agency, or organization requesting the clearance.

Requestor's Signature / Date Signature of the person or the agency's/organization's designee and the date the 1598 is signed.

Witness Signature / Date Signature of the person witnessing the requestor's signature and the date the 1598 is signed.

Check All That Apply Enter "X" in the box that indicates the person/agency/organization requesting the clearance. Persons applying to be certified as a provider of Medicaid Rehabilitation services need to enter "X" in the "Medicaid Rehab Provider – DHR Vendor" box. When none of these categories apply, enter "X" in the "Other" box and specify the nature of the business where the person will provide unsupervised care and / or supervision of children.

Employee / Volunteer / Other Select the appropriate category indicating the relationship of the person being cleared to the requesting entity.

Name And Identifying Information Enter the name, sex, race, date of birth, and current mailing address of the person being cleared.

Alias, Maiden & Prior Married Name(s) Enter all aliases, maiden, and prior married names) for the person being cleared. **Enter N/A if not applicable.**

Name / DOB of Spouse & Former Spouse(s) Enter the name and date of birth of the spouse and any former spouses of the person being cleared. **Enter N/A if not applicable.**

Name / DOB of Children / Stepchildren Enter the name and date of birth of all children and any stepchildren of the person being cleared. **Enter N/A if not applicable.**

Alabama Counties Enter the name of all Alabama counties where the person being cleared has lived and/or worked.

To be completed by person being cleared The person being cleared must sign and date the 1598. A witness must also sign and date the 1598 verifying the signature of the person being cleared.

Submitting Completed 1598s To The Department of Human Resources

A CA/N Central Registry clearance will be conducted by the County or State Department of Human Resources following receipt of an accurately completed, signed, and dated 1598 to determine if the name of the person being cleared is located in the CA/N Central Registry. Documentation of the results of this clearance will be noted in the **To be completed by DHR** section.

The person/agency/organization making the request is notified that (1) there is a substantiated (i.e., “indicated”) report involving the person being cleared; or (2) there is no report located involving the person being cleared; or (3) the request was denied and the reason why; or (4) there is an “other” disposition which will be explained. When a substantiated (i.e., indicated) report is located on the person being cleared, information about that report will be provided to the person/agency/organization making the request.
