

**Instructions for Completing  
Mississippi Department of Human Services  
Child Abuse/Neglect Common Central Registry Application**

**Purpose:** This form is used pursuant to Mississippi Code Section 43-21-257 (3) request a Child Abuse/Neglect Central Registry Background Check. Identifying information on employees or potential employees who will provide unsupervised care and supervision of children are checked against names listed in the state's official repository of the Mississippi Automatic Child Welfare System (MACWIS) Central Registry.

**Instructions:** The agency/organization representative requesting the background clearance must submit one (1) original application form for each applicant to be checked against the MDHS Central Registry. The application form must be signed and dated in the designated locations with the original signatures by the agency/organization representative requesting the background clearance, the person being cleared and a witness who is a representative of the agency/organization. The completed Common Central Registry application form must be submitted within the current six (6) months of the date the application form was signed by the person to be cleared.

Employees or Potential Employees of Child Caring and Child Placing Agencies, MS Big Brothers/Big Sisters/Boys/Girls Clubs, MS YMCA, MS Mentoring Programs, MS Community Actions/Human Resource Agencies, MS Foster/Adoption Child Placing Agencies, Out of State/International Foster/Adoption Child Placing Agencies, MS Mental Health/Mental Retardation Facilities, MS Health Care Facilities, MS Nursing Homes, MS Hospitals/Medical Centers, MS Police/Sheriff Departments, MS Residential/Group Home Facilities, MS School Districts, Out of State School Districts, MS Youth Court, MS Non Violence/Assisted Family Emergency/Abuse Shelters, MS Youth Challenge/Navy Construction Battalion Centers, Out of State/State DHR Foster/Adoption and Adam Walsh Act

**Mailing Instructions:** Please be advised that **all** agency/organization representatives submitting application(s) for background clearance, via mail, **must** also include postage paid self addressed envelope(s) to return search results. Applications submitted without the postage paid self addressed envelope(s) will be returned, not processed. All child placing and adoption agencies **must** also send a copy of your current license that documents your status as a child placing agency with all applications for background check. Other State Department of Human Services Child Protection Agencies must only send the postage paid self addressed envelope(s) with each application for background check.

Applications can be mailed to:

Mississippi State Department of Human Services  
Division of Family and Children's Services, Protection Unit, Child Abuse Central Registry  
Post Office Box 352  
Jackson, MS 39205-0352

Complete (1) original copy of the **Mississippi Department of Human Services Child Abuse/Neglect Common Central Registry Application** by printing or typing all information in black or blue ink.

**Official Name of Requesting Agency/Organization:** Enter the official name of the agency or organization requesting the Central Registry check.

**Requesting Agency/Org Mailing Address:** Enter the complete mailing address of the agency or organization.

**Phone:** Enter the phone number, including the area code for the agency or organization

**Email:** Enter the email address of the representative making the request for the background check on behalf of the agency or organization. **If you do not provide the email address, you will be required to follow the Mailing Instructions.**

**Requestor's Name:** Enter the name of the person making the request on behalf of the agency or organization.

**Requestor's Signature:** Sign the application by the person designated on behalf of the agency or organization.

**Check All That Apply:** Select the services that apply to your Agency/Organization.

**Name and Identifying Information:** Enter the name, alias, maiden, and prior married name(s), date of birth, nine digit Social Security Number, sex, telephone number, and current mailing address of the applicant being presented for clearance.

**To Be Completed By The Person Being Cleared:** The applicant being cleared must sign the Common Central registry Application form acknowledging their consent for the agency or organization to request the background check on their behalf.

**Witness Signature:** The agency or organization representative that signs as witness is signing that they have viewed the applicant's Driver's License and Social Security card and are attesting that the identifying information on the forms are true.

**Submitting the Completed Child Abuse/Neglect Common Central Registry Application:**

Central Registry Background checks are conducted on the State level of the Mississippi Department of Human Services, Division of Family and Children's Services by the Child Protection Unit. Documentation of results of clearances will noted in the "To Be Completed by the MDHS/DFCS Protection Unit State Office Central Registry Staff" section of the application.

What is the usual turnaround time for a Central Registry background Check? It takes approximately (7) seven to (10) ten working days from the date the application is received in the Child Protection Unit to be processed and returned to the Requestor. **Note: During the months of August through December, the processing time frame will extend to (10) ten to (20) twenty days, due to the increased volume of incoming requests.**

**Findings:** Mississippi Department of Human Services, Division of Family and Children's Services will only release information which is necessary to discover or prevent child abuse or neglect.

**Mississippi Department of Human Services  
Child Abuse/Neglect (CA/N) Common Central Registry Application**

**To be completed by requesting Agency/Organization**

Official Name of Requesting Agency / Organization & License #:

Requesting Agency/Org Mailing Address:

Requestor's Name:

Mailing Address:

City:  State  Zip Code

Phone:  Email:

Requestor's Signature:  Date:

**Check all That Apply**

MSA Foster/Adoption Agency

Out of State/International Foster/Adoption

MS Residential Child Care Facility

Mental Health Facility/MH Residential Services

MS Non Licensed Child Care

MS Mentoring Program

MS School District

Out of State School District

MS Community/Human Resource Agency

MS Health Care/Nursing Home/Hospital

MS Youth Court/Non Violent Shelters

Law Enforcement/Youth Challenge

**To be completed by person being cleared**

The Applicant's name & identifying information will provide unsupervised care and supervision of children as an:

- Employee       Foster Resource Parent       Adoption Resource Parent
- Relative Resource       Volunteer/Internship       Other (Please Specify)

This person's job/role is or will be:

Applicant Name:

Date of Birth:  SSN:   Male  Female

**(Requesting Agency should verify by viewing the applicant's Drivers License and Social Security card)**

Phone Number(s) where applicant can be reached

Current Address:

City:  State  Zip Code

By signing this form, I give the above named agency/organization permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand, that this information will be used to determine my suitability in working with children and/or to be a foster/adoption resource for children. This information **will not be** re-disseminated to other persons or used for other purposes.

Applicant's Signature: \_\_\_\_\_ Date:

Witness' Signature: \_\_\_\_\_ Date:

**To be completed by MDHS/DFCS Protection Unit State Office Central Registry Staff**

A search of the Mississippi Child Abuse/Neglect Central Registry has been completed. MDHS releases only that information which is necessary to discover or prevent child abuse or neglect.

- No Felony Information Found       Felony Information Found       MDHS Licensure Policy Violation Found
- Substantiated Report Type:       Physical Abuse       Neglect       Sexual Abuse       Mental Abuse/Neglect

Substantiated Report Dates:  Signature Stamp: