



REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R2 / 1-09) / CW 2128
DEPARTMENT OF CHILD SERVICES

PLEASE NOTE: The check for CPS history is conducted through the Child Protection Index (CPI) within the Indiana Child Welfare Information System (ICWIS). This database has been the primary electronic source for statewide child protection information since March of 1997. For questions or concerns about the time period prior to 1998, submit this signed consent form to the local DCS office of any county in which the subject has resided.

SECTION 1 (completed by requestor)

Name of subject of check	Date (month, day, year)
Reason (check all that apply) <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Employment <input type="checkbox"/> Unlicensed placement <input type="checkbox"/> Other _____	
Category of subject <input type="checkbox"/> Applicant / licensee <input type="checkbox"/> Household member* <input type="checkbox"/> Volunteer/intern** <input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Requestor <input type="checkbox"/> Residential facility (insert name) _____ <input type="checkbox"/> Licensed child placing agency (insert name) _____ <input type="checkbox"/> Other _____	

RETURN FORM TO

Printed name	Title	Telephone number ()
Address (number and street, city, state and ZIP code)		E-mail address

* All household members regardless of age. For minor household members age zero (0) to thirteen (13), the check is done to assess placement capacity and compatibility.
** Volunteers / interns who have regular and continuous contact with children supervised by the applicant or licensee.

SECTION 2 - CONSENT TO CHECK CPS RECORDS (completed by subject of History Check)

I hereby consent to a release of information to the above-named requestor regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from date of consent.

1. List any other Indiana county(ies) in which you have resided prior to 1998, with dates of each residence.		
2. Signature of subject of check (parent or guardian if subject is a minor)		3. Date (month, day, year)
4. Printed name (first, middle, last)	5. If you have an alias, maiden, other married, or nick name, please list.	
6. Date of birth (month, day, year)	7. Race	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Current address (number and street, city, state, and ZIP code)		
10. Social Security number (List all numbers that have ever been assigned to you under any alias name.)		

SECTION 3 - REQUESTED INFORMATION (completed by DCS)

Has the above-named person ever been licensed as a foster parent in your county? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the license closed or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain the circumstances. ----- -----		
Does the above-named person have a record of substantiated child abuse or neglect in your county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list date of substantiation, type of case (i.e. neglect, physical abuse, or sexual abuse), and local office that conducted the assessment. ----- -----		
Signature of person completing the check	Date (month, day, year)	
Printed name	Title	Name of local office or central office, Department of Child Services