Out-of-State: Child Welfare Record Request for Foster Placements

I _____
Last, ***First*** ***Middle***

as an applicant for adoption, foster care licensing/registration, or caregiver/household member in a home being considered for a relative/non-relative placement of a child(ren), authorize a search for reports of abuse, neglect or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the child welfare record search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children, to include family child care homes and facilities. This consent is valid solely for the requesting agency/facility listed below on this form. (Chapter 39, F.S., Social Security Laws Section 471 [42 U.S.C. 671] (a)(20)(B)(i), Hague Convention on Private International Law, 1995)

Applicant Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by the agency identified at the bottom of this page. The applicant may **NOT SUBMIT THIS FORM DIRECTLY** to the Department of Children & Families**. Only one applicant per release.**

Applicant: SSN: _____ DOB: _____ Race: ____ Sex: ____ Prior Name(s), including Maiden: _____

Was the applicant a resident of the State of Florida within the past 5 years? ☐ **YES** ☐ **NO**

Current non-Florida Address:

_____
(Include city, state, and Zip Code)

Previous Address:

_____FL_____ Dates: _____

Previous Address:

_____FL_____ Dates: _____

Reason for Record Search:

☐ Adoption Applicant
☐ International Adoption Applicant
☐ Relative/Non-relative Placement
☐ Foster Care Licensing/Registration Applicant

TO BE COMPLETED BY REQUESTING AGENCY

☐Home Foster/Shelter/Small Group Home ☐Child-Caring Agency ☐Adoption Agency-Private ☐State/Local Child Welfare Agency

☐Other: _____

Facility/Agency Name: _____

Address: _____
Mailing Address City State Zip Code

Representative/Contact Name: _____

Phone: _____ Fax: _____ Email: _____

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

_____ _____
Printed Name and Signature of Requesting Facility/Agency Representative Date

Please return to DCF via Fax or email:
Attention: Adam Walsh Record Requests Fax 850-487-6064
or email adamwalsh.requests@myflfamilies.com