

## Central Abuse Hotline Record Search

I/we, \_\_\_\_\_ and \_\_\_\_\_
   
*(please print – first, middle, last name) (please print – spouse first, middle, last name, if applicable)*

as an applicant for adoption, an applicant for licensing/registration, or an APD employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were “verified indicators” of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline 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, including family child care homes and facilities, or for APD employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Spouse: SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Prior Name(s): \_\_\_\_\_

Current Address:	Address	City	County	State	Zip	Dates at Address
_____						
Previous Address:	Address	City	County	State	Zip	Dates at Address
_____						
Previous Address:	Address	City	County	State	Zip	Dates at Address
_____						

Reason for Record Search:
  Adoption Applicant (Chapter 63)
  APD Employee
   
 Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

**(NOTE:** Searches of the Central Abuse Hotline may **not** be used for any employee except those working for APD.)

Family child care, foster/shelter/group home or adoption applicants must list all child and adult household members on page two of this form. **Do not include any foster care children.**

**TO BE COMPLETED BY REQUESTING AGENCY**

Child Care Center
  Family Child Care Home
  Foster/Shelter/Small Group Home
  Adoption

Child-Caring Agency
  Child-Placing Agency
  APD Foster/Small Group Home

**OCA and/or Facility ID:** \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_
   

Mailing Address
City
Zip Code

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.

\_\_\_\_\_
   
 Signature of Requesting Facility/Agency Representative
 \_\_\_\_\_
  
Date

