

**State of Nevada
REQUEST FOR CHILD ABUSE/NEGLECT SCREENING**

This is a request for any reports and investigations made pursuant to Nevada Revised Statutes (NRS) 432B. The release of information concerning reports and investigations may be made available to designated individuals whose primary concern is child safety (NRS 432B.290), e.g. law enforcement, corrections, public child welfare agencies and licensed child placing agencies.

Please fax to 775-684-4456

Person(s) For Whom Information Is Being Requested (Include all household members over the age of 18)			
1. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
2. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
3. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	

Children				
A. Name (s) of children in family or home - include any other name(s) used:			DOB:	SSN:
Last Name:	First:	Middle		
1.)				
2.)				
3.)				
4.)				

Release to an agency/individual related to:

- Foster parent licensing
 Kinship care provider
 Adoption
 CASA
 Other (please list below)

Explanation: _____

Louise Samson
Office Manager
Print Name/Title of Person
Requesting Data

Rachel J. ...
Signature

A New Beginning Adoption Agency
Agency Name

(208) 939-3869
Fax Number

(208) 939-3865
Telephone Number

9703 W. Ustick Rd. Boise, ID 83704
Agency Address

(For Central Office Use Only)

No Record Found

Record Found (Please See Attached)

Date: _____ **Signature:** _____

Name/Title (Print): _____