### **Requests for Child Protection Central Registry Checks**

Idaho's central registry is mandated by the Child Protection Law and is a list of names of individuals for whom an incident of abuse, abandonment, or neglect has been substantiated. The Adam Walsh Child Protection and Safety Act requires states to check any child abuse and neglect registry for information regarding any prospective foster and adoptive parent, and other adults living in a prospective foster and adoptive parent's home. **Note:** Any information released under this act must not be used for any other purposes.

Idaho Department of Health and Welfare will conduct Central Registry checks for the following:

- 1. Out-of-state agencies involved in licensing foster homes.
- 2. Out-of-state agencies for the purpose of adoption screening.
- 3. Any individuals requesting information on themselves.

#### Requestors (1-3 above) must provide:

- 1. A written request on the requestor's letterhead **stating the reason for the request** (e.g., foster home licensing, adoptive placement, etc.).
- 2. Name and title of individual requesting the information.
- 3. Contact information (e.g., phone and fax numbers, address, etc.)
- 4. Requests must include the following information on individuals for which central registry checks are being requested:
  - a. Name(s) of individual(s), including any previous names (if known).
  - b. Date of birth.
  - c. Social Security number (if known).
  - d. Address while a resident of Idaho (if known).
  - e. Signed release form specifically authorizing the State of Idaho to release information.

#### Requests should be mailed to:

## **Adoption/Foster Care related inquiries:**

Idaho Department of Health and Welfare

Criminal History Unit Attn: Fernando Castro 1720 Westgate Drive PO Box 83720

Boise, ID 83720-0036 (208) 332-7999

Fee: \$20.00

## Other inquiries:

Idaho Department of Health and Welfare

Children and Family Services

Attn: Tina Griffin

450 W. State St., 5<sup>th</sup> Floor

PO Box 83720

Boise, ID 83720-0036

(208) 334-5690

Please include a self-addressed, stamped envelope to ensure timely receipt of the results.

#### CONFIDENTIALITY OF CENTRAL REGISTRY INFORMATION

The names on the Central Registry are confidential and may only be released with the written consent of the individual requesting a criminal history and background check, unless otherwise required by federal or state law.

# Idaho Department of Health and Welfare AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I,		
I further authorize and direct the Idaho Department of Health and Welfare to release the results of this search of the Child Abuse and Neglect Central Registry to:		
I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing. THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.		
Please Print – Complete spelling of the name is required – no initials		
Name:	Date of Birth:	Sex:
Maiden/Former Name/Aliases:	Social Security Number:	1
Signature:		Date: