

Employee/PA PPS 10400 Kansas Adult Abuse, Neglect, Exploitation Central Registry Form Instructions

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| STATE OF KANSAS Department for Children and Families Prevention and Protection Services | ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY RELEASE OF INFORMATION | PPS 10400 REV 1/18 |
| I, _____, give permission for the release of information concerning <div style="text-align: center;">(PRINT ONLY)</div> myself in the Adult Abuse, Neglect, Exploitation Central Registry to: | | |
| Contact Person(s)* | _____ | Phone _____ |
| Agency name | _____ | |
| Agency mailing address | _____ | |
| Agency email address | _____ | |
| <input type="checkbox"/> Check box if agency is a CDDO, CMHC, or ILRC | | |
| Maiden Name and/or Other Names Known By: _____ <div style="text-align: center;">(PRINT ONLY)</div> | | |
| Address: _____ | | |
| Street | City | State |
| | | Zip Code |
| DOB: ____/____/____ <div style="text-align: center;">(mm/dd/yyyy)</div> | SS#: ____ - ____ - ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female <div style="text-align: center;">(mark one)</div> |
| I understand that all information released will be for the exclusive and confidential use of the above-named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge. | | |
| I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. ____ Yes ____ No | | |
| Signature: _____ | | Date: ____/____/____ <div style="text-align: center;">(mm/dd/yyyy)</div> |
| <small>Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.</small> | | |

Sections to be completed by Personal Assistant (PA)/Employee:

1. Full legal name: first name, middle initial (optional), last name
2. Maiden name or former name (for example, if you have changed your name due to marriage or other legal means)
3. Address where you currently live
4. Date of birth. Specify the month, day, and year of birth
5. Complete Social Security Number (SSN)
6. Gender male (M) or female (F)
7. Signature (sign full legal name)
8. Date you completed and signed this PPS 10400 Form