

Instructions for the Department of Social Services Central Registry Release of Information Form

What is the purpose of this form?

All Attendants providing services for a Consumer under the age of 18 are required to complete this form. The Department of Social Services (DSS) Child Protective Services (CPS) Central Registry Release will search for child abuse and neglect findings against the applicant.

How do I complete this form?

- Print CLEARLY and in black ink. Do NOT strike out or use Whiteout/correction tape on this form.
- Review and complete ALL fields on this form and locate a Notary Public in your area.
- If the answer to any question is none, write "N/A". This form cannot be processed if any space is blank.
- If your middle name is an initial, write "initial only" after entering the initial; otherwise use your FULL middle name.
- If you need more space, staple an additional sheet to your form. You MUST provide ALL history information.
- Bring the completed form to your Notary Public and sign the form in their presence. A Notary Public must witness your signature on page 2 of the Central Registry Release of Information Form. The original form must be notarized with an embossed (raised) seal or contain the notary's stamp.
- Do NOT send any form of payment to VA Cardinal Care, through Public Partnerships.
- Do NOT send this request or monies to the Virginia Department of Social Services.
- MAIL the completed and notarized original to VA Cardinal Care, through PPL. Fax will not be accepted. Send the ORIGINAL signed form to:

Public Partnerships LLC

4991 Lake Brook Drive, Suite 190 Glen Allen, VA 23060

Where can I find a Notary Public?

Your employer may know a Notary Public. Town halls, police stations, and banks are likely to have a Notary Public, who will witness as you sign the form. Call first to see if someone is available to help you.

If you need assistance please email VA Cardinal Care, through Public Partnerships at pplva@pcgus.com or contact the Public Partnerships Customer Service Center at 1-833-549-5672.

VA Department of Social Services Office of Background Investigations – Search Unit 801 East Main Street, 6 th Floor, Richmond, VA 23219-2901		Central Registry Release of Information Form	
		Search Fee \$10.00	
Purpose of Search. Check one: <input type="checkbox"/> Adam Walsh Law <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Babysitter/Family Day Care <input type="checkbox"/> CASA <input type="checkbox"/> Children's Residential Facility <input type="checkbox"/> Custody Evaluation <input type="checkbox"/> Day Care Center <input type="checkbox"/> Foster Parent <input type="checkbox"/> Institutional Employee <input type="checkbox"/> Other Employment <input type="checkbox"/> School Personnel <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			
MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search			
Name _____		Payment/FIPS Code _____ (Use only if assigned by OBI-CRU)	
Address _____			
City _____	State _____	Zip _____	
Contact Name _____	Tel.# _____	Ext _____	
Contact E-Mail _____	Mandatory if agency code has been assigned _____		
PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED			
Last Name _____	First Name _____	Full Middle Name – (given at birth) – No Initials (if middle name is an initial, indicate "Initial Only") _____	
Maiden Name (last name before marriage) _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY) _____	Race _____
Driver's License Number or ID # _____	Social Security Number _____	Other names used: nicknames, legal names (refer to instruction page) _____	
Current Address (Include Street # and Apt #) _____		City _____	State _____ Zip _____
Applicant's Prior Addresses			
Include Street # and Apt # _____	City _____	State _____	Zip _____ Start Date (MM/YY) _____ End Date (MM/YY) _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partner If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write N/A.			
Last Name _____	First Name _____	Full Middle Name (given at birth) _____	Maiden Name _____ Race _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) _____
_____	_____	_____	_____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
List all of your children. If you have none, write "N/A". Include all adult children, step and foster children not living with you.			
Last Name _____	First Name _____	Full Middle Name (given at birth) _____	Relationship _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) _____
_____	_____	_____	_____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female