



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 CCC Plus, 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 CCC Plus, 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 CCC Plus, 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 Date of Birth (MM/DD/YYYY)
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<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 Date of Birth (MM/DD/YYYY)
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female