



REQUEST FOR A CHILD PROTECTION SERVICES (CPS)

HISTORY CHECK

State Form 52802 (R / 10-07) / CW 2128

DEPARTMENT OF CHILD SERVICES

Please fax request to (317) 234-4633. Request will be returned within 10 working days

PLEASE NOTE: The check for CPS history is conducted through the Child Protection Index (CPI) within the Indiana Child Welfare Information System (ICWIS). This database has been the primary electronic source for statewide child protection information since March of 1997. For questions or concerns about the time period prior to 1998, submit this signed consent form to the local DCS office of any county in which the subject has resided.

PLEASE PRINT ALL INFORMATION

Agency completes this section

Name of subject of check include first, middle and last name		Date (month, day, year)
Reason (check all that apply)		
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Employment <input type="checkbox"/> Unlicensed placement <input type="checkbox"/> Other _____		
Category of subject		
<input type="checkbox"/> Applicant / licensee <input type="checkbox"/> Household member* <input type="checkbox"/> Volunteer/intern** <input type="checkbox"/> Employee <input type="checkbox"/> Other _____		
Requestor		
<input type="checkbox"/> Department of Child Services (DCS) _____ State <input type="checkbox"/> Licensed child placing agency - Name _____		
<input type="checkbox"/> Child caring institution _____ <input type="checkbox"/> Other _____		
All household members regardless of age. For minor household members age zero (0) to thirteen (13), the check is done to assess placement capacity and compatibility.		
** Volunteers / interns who have regular and continuous contact with children supervised by the applicant or licensee.		

Applicant completes this section

CONSENT TO CHECK CPS RECORDS	
I hereby consent to a release of information to the above-named requestor and the Central office of the Department of Child Services regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from date of consent	
List any Indiana county(ies) in which you have resided since 1997, including current county, with dates of each residence.. _____	
Signature of subject of check (parent or guardian if subject is a minor)	
Date (month, day, year)	
Printed name of applicant (first, middle, last; include any maiden / alias / other married name/ nicknames/prior married names)	
Date of birth of applicant (month, day, year)	Social Security number of applicant (List all numbers that have ever been assigned to you under any alias name).

REQUESTED INFORMATION- To be completed by Department of Child Services Central office

Has the above-named person ever been licensed as a foster parent in your county? If yes, was the license closed or revoked?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the above-named person have a record of substantiated child abuse or neglect in your county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the person the perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give type of substantiation, month and year, county and county phone number.	
If this person was identified in another county(ies) on the CPI, please name the other county(ies) so the information can be requested.	
Signature of person completing the check	
Date (month, day, year)	
Printed name	Title
Art Daniels/Cindy Hewett/Dan Dunbar	Central Office Background Check Consultant
Central Office of the Department of Child Services.	
Return form to:	
Printed name	Title
Address (number and street, city, state and ZIP code)	
FAX:	Phone:
E-mail Address:	