

APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be requested. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

Instructions:

- 1) Complete page one and page two of this form **in ink** ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 3) Authorization is only valid for sixty (60) days from the date signed.
- 4) **Incomplete forms and requests are returned unprocessed.**
- 5) **Only applications with original signatures are accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 6) The SS-26 Form is returned to the Wyoming Department of Health when it is complete.
- 7) Areas marked by an asterisks (*) are required fields.

Mail application to:

Wyoming Department of Health
Attention: Background/System Specialist
2300 Capitol Ave. 4th Floor
Cheyenne, WY 82002

Note: Central Registry screens are specific to the State of Wyoming. For adult protection screens, you may also consider checking the Board of Nursing and Office of Health Licensing and Survey registries

To be Completed by Organization/Facility (Print clearly)

*Name of applicant: _____

*Organization/Agent requesting check: _____ Wyoming Department of Health _____

*Name of employer: _____

*Contact person for requesting organization: _____ Background/System Specialist _____

*Mailing Address: _____ 2300 Capitol Ave. 4th Floor _____

*City: Cheyenne _____ *State: WY _____ *Zip: 82002 _____

*Phone: (307) 777-7276 _____

¥Organization Email (optional): _____ wdh.backgroundcheck@wyo.gov _____

For Central Registry Use only

Date Completed _____ Reference Number **- 0306** _____

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES NO

Central Registry Specialist initials _____ DB _____

**AUTHORIZATION OF RELEASE
OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY
INFORMATION**

To Be Completed by Person Being Screened (Please type or print legibly in ink.)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

*Legal Name (First, Middle, Last) _____

*Maiden Name _____

*Former Married Names _____

*Aliases _____

*Social Security Number _____ *Date of Birth _____

Ethnicity

Caucasian
 Hispanic
 Black

Native American
 Asian
 Other _____

Gender: Male Female

*Current Address _____

*City _____ *State _____ *Zip _____ *Phone _____

*List All Addresses for the past five (5) years

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

In the course of my duties, I will have unsupervised access to

Children _____ Adults _____ Both Children and Adults _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services. If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. _____

*

Signature of Person Being Screened

***Date Valid for 60 Days**

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is “under investigation”, shall be notified of the final determination of that investigation. In these cases, a result is sent to the Organization/Agency on Page 1 when a final determination is made.