



# INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R8 / 12-21) / CW 2128  
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

\* **PLEASE NOTE:** This search will be completed and results returned based on the following information provided by the applicant using the Indiana DCS statewide electronic child protective services index database which may return substantiated results from completed assessments ranging from January 1, 1988, through the completed date of the Department of Child Services CPS history check. IC 31-33-26-15

SECTION A – TO BE COMPLETED BY REQUESTING ORGANIZATION					
1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____					
<input checked="" type="checkbox"/> Other (insert name of requestor) Community Action Program of Evansville (CAPE)					
4. Name of contact person for organization Torey Suggs			5. Telephone number (include area code) ( 812 ) 492-3922		6. Fax number (include area code) ( 812 ) 402-2828
7. Mailing address of organization (number and street, city, state, and ZIP code) 401 SE 6th St, Suite 001, Evansville, IN 47713				8. E-mail address of requestor tsuggs@capeevansville.org	
SECTION B – TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any current or prior child protection service history under my name, any of my previous names, or any names or aliases found to be associated with my identity. I understand that this information is necessary to ensure the safety of children. <b>This authorization is valid for sixty (60) days from the date of consent below.</b>					
9. Signature of applicant or applicant's legal representative		10. Relationship to applicant Self		11. Date signed (mm/dd/yyyy)	12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant
16. Current residential address of applicant (number and street, city, state, and ZIP code)				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX- _____	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County	Year Began	Year Ended	County	Year Began	Year Ended
Example - XYZ County	02/1992	Current	18c.		
18a.			18d.		
18b.			18e.		
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, complete 19a through 19e. If no, please stop.	
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name)			19b. Other last name(s)		
19c. Nickname or shortened first name			19d. Pre-adoptive name or other alias name / how used		
19e. Other alias name / how used					
SECTION C – TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete questions 20 - 26.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer			If yes, was there ever any negative action taken on the foster care application or license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? * <input type="checkbox"/> Yes <input type="checkbox"/> No					
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the date of the substantiation approval, and the DCS office that conducted the assessment. All inquiries regarding results must be made directly to the DCS office which completed the investigation. Requests are to be made in writing by the subject of the check or the requesting agency (with appropriate releases) to obtain a copy of the investigation. For the local DCS office contact information, visit <a href="http://www.in.gov/dcs/">www.in.gov/dcs/</a> and click on Contact Us / Local DCS Offices. If the involvement is the "Central Office," e-mail <a href="mailto:institutions@dc.in.gov">institutions@dc.in.gov</a> .					
22. Signature of staff member completing check		23. Title of staff member completing check		24. Date (mm/dd/yyyy)	
25. Printed name of staff member completing check		26. Indiana Department of Child Service office completing check County Local Office			