



Central Abuse Hotline Record Search

I/we, _____ and _____
(please print first middle last name) *(please print spouse first middle last name, if applicable)*

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, F.S. in which my name appears and there were "some indication" or "verified indicators" of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of developmentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature _____ Date _____ Phone _____

Spouse Signature _____ Date _____ Phone _____

Applicant SSN _____	DOB _____	Race _____	Sex _____			
Spouse SSN _____	DOB _____	Race _____	Sex _____	Prior Name(s) _____		
Current Address:						

Previous Address	<i>Address</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Dates at Address</i>

Previous Address	<i>Address</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Dates at Address</i>

	<i>Address</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Dates at Address</i>

Reason for Record Search: Adoption Applicant (Chapter 63), Licensing/Registration Applicant (Chapters 39, 415, 402 or 409), DCF Employee (Chapter 39).

(note: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all household members on the back of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY			
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Foster/Shelter/Small Group Home	<input type="checkbox"/> Adoption
<input type="checkbox"/> Child-Caring Agency	<input type="checkbox"/> Child-Placing Agency	<input type="checkbox"/> DD Foster/Small Group Home	
OCA and/or Facility ID: 481739			
Facility/Agency Name: <u>Sunshine State Adoption and Home Study Services</u> Phone: (407) 422-9136			
Address:			
1344 Vassar Street	Orlando, FL	32804	
	<i>Mailing Address</i>	<i>City</i>	<i>Zip</i>
I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is CONFIDENTIAL and may be used only for the purpose for which it was obtained.			
Signature of Requesting Facility/Agency Representative _____			Date _____

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APPLICANTS FOR FAMILY CHILD CARE, FOSTER/GROUP HOME OR ADOPTIONS PLEASE ENTER INFORMATION FOR ALL CHILD AND ADULT HOUSEHOLD MEMBERS **EXCEPT FOSTER CHILDREN.**

Last Name	First Name	Middle	DOB	Race	Sex	SSN

RESULTS

(Department or Agency Conducting Search Use **Only**)

- No records found with verified findings where the applicant was the caretaker responsible in the final role or, for licensing, in any role in three reports within a five year period.
- Records found for review are listed below:

Report Number	Report Date	County

Date of Search _____ Employee Conducting Search _____ Phone _____

Signature