



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 "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 child and adult household members on page two 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 checked="" 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: <u>EIN: 20-3012517</u>						
Facility/Agency Name: <u>Kemp Counseling and Consulting Services</u>					Phone: <u>(904) 493-6116</u>	
Address:						
<u>P.O. Box 8904</u>	<u>Jacksonville</u>	<u>Florida</u>	<u>32239-8904</u>			
<i>Mailing Address</i>	<i>City</i>	<i>State</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 _____	

