✔ DATE SENT

TYPE OR PRINT INFORMATION

CHILD ABUSE CENTRAL INDEX CHECK FOR COUNTY LICENSED FACILITIES

FOR COUNTY LICENSING OFFICE USE ONLY

COUNTY LICENSING OFFICE ADDRESS STAMP	Complete <u>ALL</u> items checked (✔)
	Include \$15.00 for each Child Abuse Centra Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.

NOTE: APPLICANT/LICENSEE MUST NOT SEND THIS FORM DIRECTLY TO DEPARTMENT OF JUSTICE

(This form is to be processed through your county licensing office)

We are required by law to check the names of all persons who apply for a license or seek employment in a child day care or residential facility caring for children against the Child Abuse Central Index. Persons required to submit fingerprints for a child care facility (day or residential) must also fill out this form. Please complete the information below. The Licensee is responsible for submitting fingerprints and this form along with the Child Abuse Central Index Check processing fee to the county licensing office.

NAME: LAST		FIRST			MIDDLE		
NAME: LAST		FIRST			MIDDLE		
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List all other names you have	avar usad such as m	aiden name or al	liacac·				
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DATE OF BIRTH SOCIAL SECURITY NUMBER MO. DAY YEAR MO. DAY YEAR							
A FACILITY NUMBER.							
✔ FACILITY NUMBER:							
✔ FACILITY NAME:							
✓ FACILITY ADDRESS:							
FACILITY ADDRESS.	STREET		CITY	STATE	ZIP CODE		
FOR LICENSING OFFICE USE ONLY DO NOT FILL IN BELOW							
Date Sent	Date Re	e-sent					
This is a recheck. See attached Criminal Record Report							
FOR DEPARTMENT OF JUSTICE USE ONLY							
The result of a name search in the Child Abuse Central Index is as follows:							
The subject of the attached report MAY be the same as the subject of your inquiry.							
No record on the above listed person.							
Too many possible matches to identify. See attached listing.							

LIC 198 (2/01)