



## CHILD ABUSE SCREENING REQUEST INFORMATION

This form is to request a screening to check for Child Protective Services history.

**All information except the signature must be typed**

**AGENCY REQUESTING SCREENING INFORMATION**

NAME <b>Cory Haight</b>	TEL # <b>231-276-7338</b>	EMAIL <b>dhsforms@interlochen.org</b>
NAME OF AGENCY <b>Interlochen Arts Camp</b>	STREET ADDRESS <b>4000 J. Maddy Parkway</b>	CITY/STATE/ZIP CODE <b>Interlochen MI 49643</b>

**INFORMATION ON PERSON TO BE SCREENED (APPLICANT) ADDRESSES MUST GO BACK FIVE YEARS NO GAPS (PLEASE USE MONTH/YEAR FORMAT FOR ALL ADDRESSES)**

FIRST NAME	MIDDLE NAME ONLY (NOT MAIDEN NAME)	LAST NAME
MAIDEN NAME	OTHER NAMES USED IN THE PAST	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	<b>GENDER</b>
CURRENT ADDRESS	CITY/STATE/ZIP CODE	<b>LIST AS MONTH/YEAR-CURRENT</b>
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
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PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR

**CURRENT HOUSEHOLD MEMBERS ONLY (To be completed by Foster Care/Adoptions applicants ONLY.)**

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	DATE

IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD PROTECTIVE SERVICES EMAIL



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ORIGINAL SIGNATURE OF APPLICANT	DATE
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**CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

Pursuant to Section 400.11109 (7) (f) of the Code of Michigan

I \_\_\_\_\_ (*print full applicant name*) do hereby authorize the release of personal information regarding me to the Interlochen Center for the Arts, in regards to any founded child abuse/neglect, in which I am identified as responsible for such abuse/neglect.

I release the local department from any liability for any damages I may incur which may result from the release/use of this information. I submit my following information to assist the department in their search.

I have provided proof of my identity to the Notary Public prior to signing this form in her /his presence.

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**Signature of the person whose name is being searched.**

Date

(*Sign in the presence of a notary*)

**CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

**City/County of** \_\_\_\_\_

**Commonwealth/State** \_\_\_\_\_

**Acknowledged before me on this** \_\_\_\_ **day** \_\_\_\_\_, **20**\_\_

**Notary Public Signature** \_\_\_\_\_

**My Commission Expires** \_\_\_\_\_

**SEND REPLY TO:**

Interlochen Center for the Arts  
Human Resources – DHHS Processor  
PO BOX 199  
Interlochen, MI 49643  
Email: DHSForms@interlochen.org  
Fax: 231.276.7850  
Office: 231.276.7338