



Child Abuse History Record Request for Child Care Personnel Employment

NOTE: This form MUST be submitted by the agency identified at the bottom of this page
The **APPLICANT MAY NOT SUBMIT THIS FORM DIRECTLY** to the Department of Children & Families
Only one applicant per release

TO BE COMPLETED BY THE APPLICANT

Was the applicant a resident of the State of Florida within the past 5 years? YES NO

Name: _____
(Please **Print Clearly**) Last First Middle

Full SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s), including Maiden: _____

Current **Non-Florida** Address: _____

Previous Florida Address: _____ (Include city, state, and Zip Code)

_____ FL _____ Dates: _____

Previous Florida Address: _____

_____ FL _____ Dates: _____

By signing this form, I, as an applicant for employment in child care, authorize a search for reports of abuse, neglect, or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting employer/agency/facility listed below on this form. (Chapter 39, F.S., Child Care and Development Block Grant Reauthorization, P.L. 113-186.)

Signature of Applicant

Date

TO BE COMPLETED BY THE REQUESTING AGENCY

Employment Type:

- Group Home/Residential Care
 After School/Enrichment
 Day Care
 In-Home Day Care
 Pre-Kindergarten/Headstart
 Religious Exempt
 Other Michigan Camp Licensing Requirement

Expected Position/Role of Applicant _____

Facility/Agency Name: Interlochen Arts Camp

Address: 4000 J. Maddy Parkway, Interlochen MI 49643
Mailing Address City State Zip Code

Representative/Contact Name: Cory Haight

Phone: 231-276-7338 Fax: 231-276-7850 Email: dhsforms@interlochen.org

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.

Printed Name and Signature of Requesting Facility/Agency Representative

Date

Please return to DCF via email:
Attention: Child Welfare Record Request for Employment
Email: hgw.cwr.employment.requests@myflfamilies.com