CHILD CARE APPLICANTS LIVING OUTSIDE OF NEW MEXICO

NM Early Childhood Education & Care Department (ECECD) Abuse and Neglect Authorization

Social Security Number: Date of Birth: Place of Birth (city, state, country): Current physical address: State: Zip: Mailing address: State: Zip: Phone number: Current and Previous Spouse(s)/Significant Other(s): Full name(s) Date of birth, if known Social Security Number, if known Birth, adoptive, foster, step or other children who have ever lived in your home: Full name(s) Date of birth Chereby authorize ECECD to conduct abuse and neglect screens of information in databases in New Mexico and to release such information to the State agency making the request for child care eligibility purposes. Signature Date FOR ECECD USE ONLY A search of the Family Automated Client Tracking System (FACTS) has been completed on the above named applicant. A record of substantiated child abuse or neglect was not found. A search of FACTS has been completed on the above named applicant. A substantiated report of abuse or neglect was found to exist and the report is as follows: Date Physical Abuse Physical Neglect Sexual Abuse	List you Please s	or birth name and spell out every na	d every married name(s), ame, no initials. If no mid	hyphenated name(s), nick name(s), or dle name, please indicate "NMN".	variation of a name you have ev	er used.	
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	earch	processed by:		Date			

ECECD BACKGROUND CHECK UNIT PO DRAWER 5619, SANTA FE, NM 87502

FAX: (505) 827-7422 • EMAIL: ECECD.BCU@state.nm.us

PHONE: (505) 827-9910