

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Child Protective Services Central Registry, 050C-3

P.O. Box 44240 • Phoenix, AZ 85064-4240

ADOPTIVE FAMILIES CPS RECORDS CLEARANCE

Child Protective Services (CPS) records are confidential and can be released only to those individuals permitted by state (A.R.S. § 8-807) and federal law. This form is to be completed for all household members. The requested information will be used to check the Child Protective Services Central Registry (CPSCR) for any history of prior reports. Mail to address above.

ADOPTIVE FATHER'S NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED

ADOPTIVE FATHER'S ADDRESS (No., Street, City, State, ZIP)

ADOPTIVE MOTHER'S NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden name and prior married names)

ADOPTIVE MOTHER'S ADDRESS (No., Street, City, State, ZIP)

OTHER ADULT HOUSEHOLD MEMBER'S NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden name and prior married names)

OTHER ADULT HOUSEHOLD MEMBER'S ADDITIONAL ADDRESS (No., Street, City, State, ZIP)

OTHER ADULT HOUSEHOLD MEMBER'S NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden name and prior married names)

OTHER ADULT HOUSEHOLD MEMBER'S ADDITIONAL ADDRESS (No., Street, City, State, ZIP)

Children's Names (Include birth, adopted and any other children living in household)

CHILD'S NAME (Last, First, Middle)	BIRTHDATE
CHILD'S NAME (Last, First, Middle)	BIRTHDATE
CHILD'S NAME (Last, First, Middle)	BIRTHDATE
CHILD'S NAME (Last, First, Middle)	BIRTHDATE
CHILD'S NAME (Last, First, Middle)	BIRTHDATE

I certify that all information provided is true and accurate to the best of my knowledge.

ADOPTING FATHER'S SIGNATURE	DATE
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ADOPTING MOTHER'S SIGNATURE	DATE
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OTHER ADULT HOUSEHOLD MEMBER'S SIGNATURE	DATE
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NAME OF AGENCY REQUESTING CPS RECORDS CLEARANCE	AREA CODE AND PHONE NO.	DATE
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CASE MANAGER'S SIGNATURE	DATE
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NAME AND ADDRESS OF AGENCY TO RECEIVE INFORMATION FROM CPSCR
(THIS BLOCK MUST BE COMPLETED)

HUMAN RESOURCE TRAINING, INC.
5050 N. 19th AVE., #212
PHOENIX, AZ 85015

TO BE COMPLETED BY CPS PERSONNEL

CPSCR information checked on _____
Date

There were no reports _____ report(s) attached

SIGNATURE OF PERSON CHECKING CPSCR	DATE
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