

Ohio Department of Job and Family Services  
**Request for Child Abuse and Neglect Report Information**

**Household Adult**

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

**Child Care Provider Information** *(please print)*

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

<b>Full Name of Child Care Provider *</b> (Last name, First name, Middle name or initial)	Maiden Name, Previous Name or alias (if applicable)	Date of Birth		
Home Address of Provider	City	State	Zip Code	
			<b>Social Security Number*</b>	
<b>Provider Vendor#</b>	<b>Provider Type B - Limited or Professional?</b>			
Signature of the Provider			Date of Signature	
Full Name of <b>Emergency Caregiver</b>	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
N/A	N/A	N/A		
Home Address of <b>Emergency Caregiver</b>			<b>Social Security Number*</b>	
N/A			N/A	
Signature of <b>Emergency Caregiver</b>			Date of Signature	
N/A			N/A	
Full Name of <b>Other Household Adult</b>	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
Home Address of <b>Other Household Adult</b>			<b>Social Security Number*</b>	
Signature of the <b>Other Household Adult</b>			Date of Signature	
Full Name of ALL Children: Biological and Step Children; Living or Deceased; Whether or not they live with you.				
Full Name	Date of Birth	Social Security Number*	Signature (if applicable)	Date of Signature

Ohio Department of Job and Family Services  
**Request for Child Abuse and Neglect Report Information**

**Household Adult**

<b>IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION</b> <i>(please print)</i>		
Name of County Staff Child Care Certification	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff		Telephone Number  (614) 233-2000
Address of County Staff (form will be returned to this address) 1721 Northland Park Ave. Columbus, OH 43229		E-mail Address
<b>INFORMATION FROM PCSA REVIEWER</b> <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

\*The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

\*\*Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.