

CHILD ABUSE RECORD INFORMATION CONSENT FORM

DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF LICENSING
FAMILY CHILD CARE REGISTRATION

PLEASE PRINT CLEARLY IN INK. COMPLETE THIS FORM ON BOTH SIDES AND RETURN IT TO THE SPONSORING ORGANIZATION. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. SEPARATE COPIES OF THIS FORM MUST BE COMPLETED BY THE PROVIDER OR APPLICANT, THE SUBSTITUTE, ALTERNATE AND ASSISTANT (IF ANY), AND ALL HOUSEHOLD MEMBERS AT LEAST 14 YEARS OLD.

Print your full name (first, middle, last): _____

Previous name, maiden name or nicknames: _____

Date of name change or date of marriage: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Race: _____

Social Security number: _____ Sex: _____

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the New Jersey Family Child Care Registration Law (N.J.S.A. 30:5B-16 et seq.).

Full names and ages of all children below 14 years old living in your home, if any:

Your previous addresses since July 1995 and the dates you lived at each address:

1) _____

From: _____ To: _____
(month) (year) (month) (year)

2) _____

From: _____ To: _____
(month) (year) (month) (year)

3) _____

From: _____ To: _____
(month) (year) (month) (year)

4) _____

From: _____ To: _____
(month) (year) (month) (year)

Name: _____ page 2
(Please print)

Please check whether you are a: _____ new applicant for family child care registration
_____ renewing provider _____ substitute _____ assistant _____ alternate
_____ household member of a new applicant, renewing provider or current provider

If you are a substitute, assistant, alternate, or household member, please indicate the name of the applicant or provider: _____
(Please print)

All persons completing this form must read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, the provider or applicant will not be permitted to become or remain a registered family child care provider. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

FOR SPONSORING ORGANIZATION USE ONLY

Sponsoring organization: **COMMUNITY COORDINATED CHILD CARE**
Cost code: **001019** County: **UNION**
Number of persons at least 14 years old living or working in this family day care home, including applicant/provider, spouse, resident children, substitute, assistant and alternate: _____

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OOL staff initials _____