

lebraska Department of Heal and Human Services

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: Please do not use abbreviations Address and Phone Number:			
			hildren and Family Services to disclose whether I have an Adult gister/Registry record to the above-named agency.
		Print Full Legal Name: (app	licant)
Signature (applicant)	Date		
Current Address:			
	(Street/City/State/Zip)		
Applicant Date of Birth	Applicant Social Security Number		
Please Print.	h as former married names, maiden name and nick names.		
Names and birth dates of your chi	ildren and children who have lived with you. Please Print.		
Any Address at which you have re	esided during the past 20 years. Please Print.		