

State of Nevada REQUEST FOR CHILD ABUSE/NEGLECT SCREENING

This is a request for any reports and investigations made pursuant to Nevada Revised Statutes (NRS) 432B. The release of information concerning reports and investigations may be made available to designated individuals whose primary concern is child safety (NRS 432B.290), e.g. law enforcement, corrections, public child welfare agencies and licensed child placing agencies.

Person(s) For Whom Information Is Being Requested (Include all household members over the age of 18)			
1. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
2. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
3. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	

Children				
A. Name (s) of children in family or home - include any other name(s) used:				
Last Name:	First:	Middle	DOB:	SSN:
1.)				
2.)				
3.)				
4.)				

Release to an agency/individual related to:
 Foster parent licensing Kinship care provider Adoption
 CASA Other (please list below)
 Explanation: _____

Mary Shaughnessy-Moy		Wide Horizons For Children, Inc
Print Name/Title of Person Requesting Data	Signature	Agency Name
781-899-2769	781-894-5330	375 Totten Pond Rd., Suite 100, Waltham, MA 02451
Fax Number	Telephone Number	Agency Address

(For Central Office Use Only)

- No Record Found
- Record Found (Please See Attached)

Date: _____ **Signature:** _____

Name/Title (Print): _____