

CHILD ABUSE REGISTRY CLEARANCES REQUIRED FOR HOME STUDY

- The following requirements are in compliance with state and federal regulations –

As part of the home study process, prospective adoptive parents and all adult members of the household are required to obtain child abuse registry clearances from the state in which they currently reside.

Applicants adopting **internationally** (and their adult household members) must also obtain clearances from all places of residence since age 18 (including foreign countries).

Applicants adopting **domestically** (and their adult household members) must obtain clearances from all places of residence in the last 5 years (including foreign countries).

Required forms and instructions can be found at:

<https://whfc.org/adoption/adoption-portal/home-study/packet-b/child-abuse-clearances/>

Attached you will find a **checklist** to guide you through the clearance process. Please return the completed checklist to WHFC (Attn: Applications Coordinator)

Please note:

- The process for filing clearances varies from state to state, so please be sure to read the instructions carefully.
- Clearances for your current state will need to be updated annually.
- Citizenship & Immigration Services will perform a thorough background check so it is critical that you disclose all states and countries of residence. Failure to obtain all necessary clearances will delay the completion of your Home Study and CIS approval.
- Some states require that you complete clearances on your own, while some require Wide Horizons For Children to submit the clearance on your behalf. Some foreign countries have a central registry and some do not. Please indicate on the checklist which procedure is required for each state and/or country you list.

For questions regarding clearances, please contact Mary Shaughnessy-Moy
at 781-894-5330 or email msmoy@whfc.org

Child Abuse Registry Clearance Checklist

I am applying to adopt _____ Internationally or _____ Domestically.
If considering both, check both and complete clearances as if adopting internationally.

Each adult residing in the home must complete his/her own individual checklist indicating the action steps taken for each required clearance.

Applicants adopting **internationally** (and their adult household members) must also obtain clearances from all places of residence since age 18 (including foreign countries).

Applicants adopting **domestically** (and their adult household members) must obtain clearances from all places of residence in the last 5 years (including foreign countries).

Adoptive Applicant #1 Name: _____
Select one of the last three columns for each state or country

State or Country of Residence	Dates of Residence	Clearance Request Attached (WHFC files on your behalf)	Clearance Request Submitted and will be returned to WHFC	Clearance Request Submitted and will be returned to me and then sent to WHFC
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____

Adoptive Applicant #2 Name: _____
Select one of the last three columns for each state or country

State or Country of Residence	Dates of Residence	Clearance Request Attached (WHFC files on your behalf)	Clearance Request Submitted and will be returned to WHFC	Clearance Request Submitted and will be returned to me and then sent to WHFC
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____

I have disclosed all information regarding my places of residence and I agree to allow Wide Horizons For Children, Inc. to access my Central Registry results from all states and/or countries I have lived.

 Signature Date Signature Date

TOGETHER WE CHANGE LIVES

