

CONFIDENTIAL
CHILD ABUSE RECORD INFORMATION (CARI) FORM
STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN & FAMILIES
OUT-OF-STATE BACKGROUND CHECK REQUEST

PLEASE PRINT CLEARLY IN INK. COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS AT THE BOTTOM OF THE FORM. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. SEPARATE COPIES OF THIS FORM MUST BE COMPLETED BY EACH REQUIRED APPLICANT. IF THE APPLICATION IS INCOMPLETE, IT WILL BE RETURNED.

Requesting Agency Name: <u>Madison Adoption Associates</u>	
Contact Phone Number: <u>302-475-8977</u>	Print Staff Name: <u>Laura Taylor</u>
Staff signature: _____	Date: _____
Agency Address: <u>1102 Society Drive Claymont DE 19703</u> <u>license # 3018</u>	
IF YOUR AGENCY OR FACILITY IS LICENSED BY THE STATE, PLEASE ATTACH A COPY OF THE LICENSE.	

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

Previous name, maiden name or nicknames: _____

Date of name change or date of marriage: _____

Home 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 State Law (P.L. 2003, C.186).

Full names and birth dates of your child(ren) including, if any, whether living with you or not: **NOTE: If none, check this box**

Child's First Name	Middle Name	Last Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name: _____

Your previous New Jersey addresses 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)

Please check applicant type:

_____ **Adoptive Parent** _____ **Foster Parent** _____ **Household Member** _____ **Other** _____
(explanation)

Please check guidelines for request:

_____ Adam Walsh Child Protection and Safety Act of 2006 (Foster/Adoptive Applicants)
_____ Hague Adoption Convention or Universal Accreditation Act (International Adoptive Applicants)
_____ Other~Law or Statute. Please explain. _____

A COPY OF THE APPLICABLE LAW OR STATUTE MUST BE PROVIDED WITH THIS APPLICATION

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

I consent to have the DCF-CARI Unit conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I hereby request and give informed consent for New Jersey Department of Children and Families to release the results of this CARI check to my agency. I release DCF, the Office of Legal Affairs, and the State of New Jersey from any liability for any adverse impact resulting from the release of the CARI check results to the agency.

Signature: _____ **Date:** _____

All requests should be mailed to the following address:
Department of Children and Families-Office of Legal Affairs
CARI Unit
P.O. Box 717
Trenton, NJ 08625-0717
(855)-744-4913

FOR CARI Unit USE ONLY

CARI Staff Initials _____