

**UPDATED INSTRUCTIONS FOR COMPLETING THE CHILD ABUSE/NEGLECT CENTRAL
REGISTRY CLEARANCE REQUEST
(DHR-FCS-1598)**

Purpose: This form is used to request information from the Child Abuse/Neglect (CA/N) Central Registry for employees or potential employees of child placing agencies; residential child care facilities; day and night time care centers; exempt day care centers, and Adam Walsh Act Requests for person(s) who will provide unsupervised and/or supervision for children.

Instructions: The person or facility requesting the clearance **MUST** provide an original (with the original applicant signature) and one (1) copy of the 1598 Form with all information completed. Only the DHR-FSC-1598 (Revised December 2009) form will be utilized. Completed **1598's must be submitted within ninety (90) days** from the date the person to be cleared (applicant) signed the form. These forms (along with a copy) are to be sent to the: **State of Alabama DHR; Office of Child Protective Services; CA/N Central Registry; 50 N. Ripley Street; Montgomery, Alabama 36130.** Requests may be sent via U.S. Mail, UPS, or FedEx. This office **MUST RECEIVE THE ORIGINAL REQUEST(S)**, not just copies.

Complete 1598's CLEARLY by printing or typing all required information on EVERY line. Black or blue ink or typing is to be utilized. BLUE ink is preferred; but if using BLACK ink, please be sure to specify which sheet is the original. If nothing applies use N/A or draw a line through it. **DO NOT LEAVE ANY LINES BLANK.** Attach additional pages as needed to provide all requested information

Requesting Person or Agency/Organization: Print the actual name of the facility and be consistent with that name on all submissions. Please make sure that the name of the agency is on all requests.

Mailing Address: Provide the correct mailing address for where the processed CA/N forms will be mailed back too be consistent with the same address on each request.

Telephone Number: Please ensure the telephone number includes the area code and is a good working number to the facility.

Email Address: (Optional)

PRINT Requestor's Name: This is the actual person from the facility that is making the request. Print their name clearly; the person that is being cleared (applicant) CANNOT be the same as the REQUESTOR.

Requestor's Signature/Date: The requestor must also sign and date when the 1598 request is made.

Witness Signature/Date: This should be someone that see the Requestor sign and date the form, and CANNOT be the applicant being cleared and/or the Requestor.

Check All That Apply: This is the area next to all of the above section. Enter "X" in the box that indicates the type of person/facility requesting the clearance. Persons/facilities applying to be certified as a provider of Medicaid Rehabilitation services need to enter "X" in the Medicaid Rehab Provider – DHR Vendor" box. When none of these categories apply, enter "X" in the "Other" box and specify the nature of the business the requesting person/facility.

Employee/Volunteer/Other: Select the appropriate category for the applicant, **ALSO** print/type that person's **specific job title/what the applicant will be doing;** (i.e., teacher, van driver, cook, foster parent, adoption, etc.) **This information is mandatory;** we must know what/how the applicant will be working with the children.

Name: PRINT CLEARLY, **Sex, Race and Date of Birth**

Current Mailing Address: This is where the applicant lives and gets mail, always include city, state and zip with the street information.

Alias, Maiden & Prior Married Name(s): Any other names the applicant has used; i.e., nicknames, and ALL married names. Type/print N/A (not applicable) if does not apply.

Name & DOB of Spouse and/or Former Spouse(s): PRINT all names and DOB of each spouse even if the spouse is deceased, this information is needed. If the applicant does not know the DOB, please have the state so; if additional space is needed they can write on the back of the form or add another piece of paper but please be sure to specify additional information on back.

Name & DOB of Children/Stepchildren: PRINT all names and DOB's of every child, if more room is needed write on the back of form or attached additional paper to the form and specify that additional information is attached.

Alabama counties where person has lived and/or worked: This also includes where the applicant is currently living and/or working.

To be completed by person being cleared: This is for the applicant to read the statement and sign and date the form.

Signature of Witness: This person should see the applicant sign and date their signature on the 1598 form and then the Witness will then sign and date beside in the spot provided. Note: The date the applicant signs should be the same as the date the witness signs.

To be completed by DHR: Documentation of the results of this clearance will be noted in this area. The person/facility making the request is notified that: (a) there is a substantiated (i.e., "Indicated") report involving the person being cleared; or (2) there is no report located involving the person being cleared; or (3) the requested was denied and the reason why; or (4) there is an "other" disposition which will be explained. When a substantiated (i.e., Indicated) report is located on the person being cleared, information about that report will be provided to the person/facility making the request.