

Adult Abuse, Neglect, Exploitation Central Registry Release of Information for
DCF Child Care Provider Enrollment

Please **PRINT ONLY**, except for the signature below.

I, _____, give permission for the release of information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry to: **DCF Child Care Provider Enrollment Unit.**

Maiden Name and/or Other Names Known By: _____

Address: _____, _____, _____, _____
(Street) (City) (State) (Zip Code)

DOB: _____ SSN: _____ SEX: M or F
(mm/dd/yyyy)

I understand that all information released will be for the exclusive and confidential use of the DCF Child Care Provider Enrollment Unit. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am a DCF Child Care Provider. _____ Yes
_____ No

Signature: _____ Date: _____

Per KEESM 10035 #1:

DCF cannot enroll a person who is listed as a prohibited person in the Child Abuse/Neglect Central Registry or the Adult Abuse, Neglect or Exploitation Registry and/or listed in [Kansas Adult Supervised Population Electronic Repository \(KASPER\)](#) as being convicted of a felony.

For EES Administration Use Only:
Record found?
YES ___ NO ___ If yes, finding (check all that apply): Abuse ___ Neglect ___ Exploitation ___
Fiduciary Abuse ___
Perpetrator's Name: _____
Region: _____ Date Substantiated: _____
Initial: _____ Date: _____

