

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, Neglect, & Exploitation Central Registry each year while I am a DCF Child Care Provider. Name of Provider _____ Yes No (Circle Yes or No)

Applicant Signature:

_____ Date: _____

Must be an Ink Signature

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, & Exploitation Central Registry and/or listed in [Kansas Adult Supervised Population Electronic Repository \(KASPER\)](#) as being convicted of a felony.

DCF Administration Use Only: Date

Substantiated: _____

Finding - Check all that apply:

Abuse _____ Neglect _____

Exploitation _____

Fiduciary Abuse _____

Financial Exploitation _____