Department of HEALTH & HUMAN SERVICES | Division for Children, Youth and Families

Form 2501
PD 25-10

NH CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

Authorization for Name Search and Release of Information to a Third Party

Please type or print legibly

Full legal name: _____

All previous names and aliases: _____

DOB: _____ Phone number: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Requests for information to be sent to a third party that comply with NH laws will be completed, and search results will be released solely to that third party. Individuals may use Form 2500 to request search results be sent directly to themselves.

Name of person and agency to receive results: _____

Contact information (phone number or email address): _____

Address: _____

City: _____ State: _____ Zip code: _____

Purpose of request:

- ☐ Employer providing services in NH to children who are delinquent (RSA 169-B), have been abused/neglected (RSA 169-C), or are involved in a CHINS case (RSA 169-D); or through the mental health system (RSA 135-C). (RSA 169-C:35, II)
- ☐ Foster Family Care Home, Kinship Care Home, Residential Child Care Institution, or Child-Placing Agency in NH. (RSA 170-E:29 and 42 USC 671 (a)20(A))
- ☐ Another state's child-placing agency to evaluate a prospective foster or adoptive caregiver (including kinship caregivers), or other adult living in the home, who lived in NH in the preceding 5 years and is seeking to foster or adopt a minor in that state. (RSA 169-C:35, VI and 42 USC 671 (a) 20(B))
- ☐ Residential child-care institution in another state for an individual who lived in NH in the preceding 5 years seeking employment. (42 USC 671 (a)(20)(D))
- ☐ Agency providing services for developmentally disabled persons and their families. (RSA 169-C:35, II)
- ☐ Another state's Child Welfare Agency. (RSA 169-C:35, VI)
- ☐ NH DHHS employment, including contracted positions and internships, whose job descriptions would cause them to come into direct contact with children. (RSA 170-G:8-c)
- ☐ Recreation or Youth Skill Camp. (RSA 170-E:56 and 169-C:35, II)

Name: _____ DOB: _____

I authorize a search of the NH Child Abuse and Neglect Central Registry to determine if my name is listed as an individual found responsible for child abuse or neglect in NH. I consent to the release of the information to the person and agency named above for the purpose indicated. I understand that the results will not be sent to me.

Signature: _____ Date: _____

Form must be signed in the presence of a notary OR employer/employer's representative OR Department/Contracted Vendor staff

NOTARY ACKNOWLEDGEMENT

State of: _____

County of: _____

On this the _____ day of _____ , _____ ,

before me, _____ ,

personally appeared _____ ,

known to me or satisfactorily proven to be the person described above, and acknowledged this instrument.

Signature: _____

My commission expires: _____

In witness whereof, I hereunto set my official seal.

EMPLOYER ACKNOWLEDGEMENT

I attest that the named individual presented me with the documents required to legally submit an I-9 form on their behalf.

Name: _____ Title: _____

Signature: _____ Date: _____

DEPARTMENT/CONTRACTED VENDOR STAFF ACKNOWLEDGEMENT

I attest the named individual presented me an unexpired government issued photo identification.

Name: _____ Title: _____

Signature: _____ Date: _____

In order to process this request, mail this form and a self-addressed, postage-paid/stamped envelope to:

Division for Children, Youth and Families
DCYF Central Registry, Thayer Building
129 Pleasant Street, Concord, NH 03301

For Official Use Only:

CONFIDENTIAL INFORMATION

NH Department of Health and Human Services
Division for Children, Youth and Families
Child Abuse and Neglect Registry Name Check

☐ Name IS NOT listed on the Central Registry

☐ Name IS listed on the Central Registry

_____ _____

DCYF Staff Date