



Division of Children and Family Services
Agency Request for Information from the Nebraska
Adult and Child Abuse and Neglect Register/Registry.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry.
I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name

Fax Number

Community Action Partnership of Lancaster and Saunders Counties

402-471-4853

Address

Phone Number

210 O Street, Lincoln, NE 68508

402-471-4515

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry to the above-named agency.

Full Legal Name (applicant)

Address

City /State

Zip

Date of Birth

Social Security Number

Heading

Other names previously used such as former married names, maiden name and nick names.

Names and birth dates of your children who have lived with you.

Any addresses at which you have resided during the past 20 years.

Signatures and Dates

Print full legal name

Signature

Date