

Check **ONE** box that corresponds with the facility type or Reason for this request.

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility
- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Child Advocacy Centers
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: \_\_\_\_\_

(Please read instruction on back of this form before completing)

### SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) \_\_\_\_\_ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since age 10. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

**FULL Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Maiden Name:** \_\_\_\_\_ **Other Names Used:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Resource #:** \_\_\_\_\_

**List All Prior City, State and Years lived since age 10** (ie., 1989-2010):

**Use additional blank sheet of paper if necessary**

City	State	Date

City	State	Date

**List Full Name** (First, Middle, Last Name at birth) **and Date of Birth of ALL of your children:**

(Do not list other people's children for whom you might provide daycare)

First	Middle	Last	DOB(MM/DD/YY)

First	Middle	Last	DOB(MM/DD/YY)

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

**Agency Contact Person Phone Number & E-mail**

**Agency Name & Address**

**Provider/Agency License Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- N/A – DSS field office/Head Start
- N/A – License not yet issued

**INSTRUCTIONS FOR COMPLETING PERMISSION FORM**

1. Each applicant and all other required person age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. **Please complete in blue or black ink only on white paper.**
2. From choices listed, mark correct  box to indicate the appropriate facility/provider type.
3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. PRINT your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, sex and your race and resource# if applicable.
8. List all cities, states, and the years you lived there from age 10 to present on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.
9. List the full name (first, middle, last name at birth) and date of birth for **all of your own children** (even if the children are adults, deceased or do not live with you). Do **not** list the names of other people’s children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person’s parent or legal guardian must sign the form. **Include** your current full mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency’s name as it appears on their license, agency complete mailing address and telephone number, and the agency’s license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

**FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.**

## SEX OFFENDER REGISTRY CHECK

South Dakota Codified Law 26-6-14.10 26-6-14.11 do not allow an individual whose name appears on the sex offender registry to work, provide care, or reside in a child welfare agency. In order to assure compliance with this requirement, all licensed child welfare agencies or registered child care providers must determine if an applicant or resident's name is listed on the Sex Offender Registry. The Registry check is performed prior to the individual having contact with children in the agency or home. This form may provide documentation of the Registry check.

The Sex Offender Registry is located on the internet at <https://sor.sd.gov/> or the information may be obtained from the local sheriff or police department.

**Name of Individual:** \_\_\_\_\_

**Other names used by Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### FOR OFFICE USE ONLY:

Name and Title of Person checking the Sex Offender Registry:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

Results of the Sex Offender Registry Check:

Name appeared on the Sex Offender Registry

Name did not appear on the Sex Offender Registry

Date of check: \_\_\_\_\_

Signature of person completing check: \_\_\_\_\_

*NOTE: File this form in the individual's personnel or family licensing record.*