

FOSTER CARE RELEASE OF INFORMATION

Before being accepted for paid or volunteer work or as an intern for CEDARS, we need to check the Nebraska Child Abuse/Neglect Central Registry, the Adult Protective Services Central Registry, the Sexual Offenders Registry, Law Enforcement and Department of Motor Vehicles to confirm that there have been no substantiated referrals of child/adult maltreatment or substantiated reports concerning inappropriate conduct, especially pertaining to minors.

I authorize the Nebraska Department of Health and Human Services and various law enforcement offices to release information pertaining to me to CEDARS.

Printed Name _____ Date of Birth _____

Social Security number _____ Drivers License number _____

Other names previously used, including nicknames and maiden names _____

Signature _____ Date _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, list and explain.

All the names of children who have lived with you _____

Current Address _____

Addresses where you have lived over the last 20 years...street and town

**I need...
you.**

