



Nebraska Association of **School Boards**

TO: ALICAP Participants
FROM: Megan Boldt, ALICAP Underwriting Compliance Officer
RE: Attached State Health and Human Services Form

This form is a request form for the Nebraska Health and Human Services. If your school district wishes to perform a pre-employment background investigation on an applicant, this request for information form can be used.

If you have any questions or concerns regarding this form, please feel free to contact the State Health and Human Services or call the NASB office. Our toll free number is 1-800-422-4572.

**Child Abuse/Neglect Central Register
Procedures to follow when requesting a check**

1. Address envelopes and correspondence to: Suzann Johnson, Division of Protection and Safety, Nebraska Health and Human Services, P.O. Box 95044, Lincoln, NE 68509-5044.
2. The **Adult Abuse and Neglect Register** may be reached by writing Carol Lieske, Adult Protective Services Program, P.O. Box 95044, Lincoln, NE 68509-5044. Her telephone number is (402) 471-9190.
3. Applicant information **MUST** include: printed first, middle, and last name, signature and date, social security number, birth date, previously used names, names of all children who have lived with the applicant, current address, and previous addresses. The Central Register is 20 years old. Please include 20 years of information. The information supplied must be clear and legible.
4. Please personalize your **RELEASE OF INFORMATION FORM** by including the name of your agency, address, telephone number, and contact person. Many release forms become separated from the return envelopes, and determining the correct agency is difficult.
5. Enclose a self-addressed, stamped envelope when you send in your release of information forms.

Our staff will notify you if the applicant's name is located (or matched to a name) on the Register. This notification will be stamped on the Release of Information Form. It will state "Report Found". The information that is released to you will be current on the day the register check is completed. The check will not reflect any cases that may be currently under investigation. No checks of the register may be completed in any other manner than written form and a FAX to our agency will not be honored. The information that you receive is information only from CPS and does not include law enforcement clearances.

Please plan ahead. It may take several weeks to process your request.

**PLEASE REMEMBER THAT ALL INFORMATION YOU AND YOUR
AGENCY RECEIVE FROM THE CENTRAL REGISTER IS
CONFIDENTIAL AS REQUIRED BY STATUTE AND MUST BE
TREATED AS SUCH BY ALL PERSONS WHO HAVE ACCESS TO THIS
INFORMATION.**

If you have any questions concerning the Nebraska Child Abuse and Neglect Central register, please call (402) 471-9322 or 471-9196.

RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

(Agency/Facility Requesting Check)

(Address – Street, City) **If not on letterhead**

(Signature of Applicant/Employee)

(Date Signed)

(Printed or Typed Name of Applicant/Employee)

(Social Security Number)

Other Names Used in Past Twenty (20) Years
(Please Print or Type)
(Use back of sheet if necessary)

Other Addresses in Past Twenty (20) Years
(Please Print or Type)
(Use back of sheet if necessary)

Names of Children Who Have Lived With You
(Please Print or Type)
(Use back of sheet if necessary)

(Date of Applicant's Birth)

(Home Address of Applicant /City/Zip)

(Witness Signature)

(Date Witnessed)