



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
Southeast Nebraska Respite Network/YWCA Lincoln	402-434-3494
Address	Phone Number
1701 S. 17 <sup>th</sup> St. Suite 2D, Lincoln NE 68502	402-434-3494

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 record to the above-named agency.

Full Legal Name (applicant)

Address	City/State	Zip

Date of Birth	Social Security Number

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

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

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

**Signature and Date**

Print full legal name

Signature

Date

Please include a copy of your driver's license.