 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

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| Southeast Nebraska Respite Network/YWCA Lincoln | 402-434-3494 |

Address Phone Number

|  |  |
| --- | --- |
| 1701 S. 17th 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)

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Address City/State Zip

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Date of Birth Social Security Number

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

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

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

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**Signature and Date**

Print full legal name

Signature Date

Please include a copy of your driver’s license.