



Child Abuse History Record Request for Employment

NOTE: This form **MUST** be submitted by the agency identified at the bottom of this page.

The **APPLICANT MAY NOT SUBMIT THIS FORM DIRECTLY** to the Department of Children & Families

ONE APPLICANT PER FORM

TO BE COMPLETED BY THE APPLICANT

Is the applicant seeking employment at a facility within the state of Florida? ☐ YES ☐ NO

Name: _____
(Please **Print** Clearly) Last First Middle

Full SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s), including Maiden: _____

Current Florida Address: _____
(Include city, state, and Zip Code)

Previous Address: _____
(Include city, state, and Zip Code) Dates: _____

TO BE COMPLETED BY REQUESTING AGENCY

Employment Type:

☐ Group Home ☐ Day Care ☐ After School/Enrichment ☐ In-Home Day Care ☐ Religious Exempt
☐ Other _____

Expected Position/Role of Applicant _____

ClearingHouse Screening Information:

NOTE: DO NOT SUBMIT an abuse history request BEFORE you receive an ELIGIBILITY DETERMINATION from the ClearingHouse

Date of Last Screening: _____ OCA Number: _____

Facility/Agency Name: _____

Address: _____
Mailing Address City State Zip Code

Representative/Contact Name: _____

FSFN Provider ID #: _____ Phone: _____ Email: _____
understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others.

The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Signature of Requesting Facility/Agency Representative Date

FOR DCF OFFICE STAFF ONLY

Date of Search _____ Employee Conducting Search: _____

Please return to DCF via email:

Attention: Group Home/DCF Regulated Employment Requests

email: hqw.bgs.abuse.history@myflfamilies.com

ONLY ONE APPLICANT PER FORM AND EMAIL SUBMISSION