



Central Abuse Hotline Record Search

I/we, _____ of _____
(please print – first, middle, last name) (please print – Center Name)

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were “verified indicators” of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

***Sign where appropriate:**

Owner Signature: _____ Date: _____ Phone: _____

Director Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

Applicant: SSN: _____ DOB: _____ Race: _____ Sex: _____

	City	County	State	Zip	Dates at Address	Current Address: Address
--	------	--------	-------	-----	------------------	--------------------------

Previous Address:	Address	City	County	State	Zip	Dates at Address
-------------------	---------	------	--------	-------	-----	------------------

Previous Address:	Address	City	County	State	Zip	Dates at Address
-------------------	---------	------	--------	-------	-----	------------------

Reason for Record Search: ☐ Adoption Applicant (Chapter 63) ☐ DCF Employee (Chapter 39)
☐ Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all child and adult household members on page two of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY

- | | | | |
|---|---|---|--|
| ☒ Child Care Center | ☐ Family Child Care Home | ☐ Foster/Shelter/Small | ☐ Group Home Adoption |
| ☐ Child-Caring Agency | ☐ Child-Placing Agency | ☐ DD Foster/Small Group Home | |

OCA and/or Facility ID: _____ 524137 or 524138 _____

Facility/Agency Name: Child Care Licensing Program Phone: 727-507-4857

Address:	8751 Ulmerton Road	Largo	33771
	Mailing Address	City	Zip Code

I 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.

Tammy Sharpe _____
Printed Name and Signature of Requesting Facility/Agency Representative Date

