



REQUEST FOR CENTRAL REGISTRY AND/OR CHILD ABUSE RECORD CHECK

The online portal is available at <https://providerportal@dss.sc.gov>

Utilize DSS Form 2924 and 37201 for all Child Care Requests

I. PURPOSE FOR REQUEST

Please make only one selection, either from Section A or from Section B. Do not select from both sections.

A. I am requesting a search of the Central Registry of Child Abuse and Neglect **AND** the Department's database of records of child abuse and neglect cases in connection with:

- ☐ Becoming or remaining a foster or potential adoptive parent
- ☐ Adults over the age of 18 residing in a potential foster or adoptive home
- ☐ Becoming an employee or volunteer for Richland County CASA
- ☐ Becoming an employee or volunteer for the South Carolina Department of Children's Advocacy

- ☐ Residential Facility (group homes, emergency shelters, wilderness camps, child caring institutions, etc.)
- ☐ Employment
- ☐ Volunteering
- ☐ Other (please specify):

B. I am requesting a search of the Central Registry of Child Abuse and Neglect **ONLY** in connection with:

- ☐ Becoming or remaining an employee or volunteer for Adult Care
- ☐ Employment

- ☐ Volunteering
- ☐ Other (please specify):

II. CENTRAL REGISTRY FEE

Please check only one of the following fee boxes for the appropriate category and include payment via check or money order **ONLY**:

- ☐ Non-Profit Entity - \$8.00
- ☐ For Profit Entity - \$25.00
- ☐ State Agency - \$8.00
- ☐ School - \$8.00
- ☐ Name Change - \$8.00

- ☐ Foster Care/Adoption - \$8.00
- ☐ Private Adoption Investigation - \$25.00
- ☐ Adult Care Facility - \$8.00
- ☐ Other (individual request, etc.) - \$8.00

III. APPLICANT (PERSON TO BE SEARCHED FOR) INFORMATION

Applicant's Full Name: _____

Date of Birth: _____ Sex: _____ Race: _____

Maiden/Former Name/Aliases: _____

Name Change: _____

Social Security Number (**no X's**): _____ Place of Birth: _____

Current Address: _____

Previous Address(es): _____

Applicant's Email: _____

IV. REQUESTOR INFORMATION

Name: _____ ATTN: _____

Address: _____ City/State/ZIP: _____

Telephone Number: _____ Email: _____

V. SIGNATURE AND MAILING INSTRUCTIONS

I do hereby authorize the South Carolina Department of Social Services (DSS) to research its records to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named above. I understand the information provided may prove to be unfavorable to me. I agree to hold DSS and its staff from liability associated with the release of information requested on this form. If it appears to me the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

Please mail the appropriate payment (**check or money order only**), payable to the South Carolina Department of Social Services, and form for processing to:

South Carolina Department of Social Services
Attention: Cashier
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520

Your signature MUST be witnessed or notarized by an individual 18 years of age or older.

_____ Signature of Applicant	_____ Date	_____ Signature of Witness	_____ Date
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VI. RESULTS (**COMPLETED ONLY BY AN AUTHORIZED DSS EMPLOYEE**)

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect and is not included in the Department's database of records of child abuse and neglect.
- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect. See attached correspondence.
- ☐ The request has been received. An additional thirty to sixty days may be required to respond to the request. Please call the number below if you have any questions:

Signature of Authorized DSS Employee

Date

INSTRUCTIONS

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

SECTION I – PURPOSE FOR REQUEST: select the appropriate box to provide authorization for DSS to conduct and release results from a search of the State Central Registry of Child Abuse and Neglect and/or the Department's database of child abuse and neglect.

SECTION II – CENTRAL REGISTRY FEE: select the appropriate fee box

SECTION III – APPLICANT (PERSON TO BE SEARCHED) INFORMATION: type or print legibly the following information:

- Applicant's Full Name: provide your first, middle, and last name (*NO INITIALS*)
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Maiden/Formal Name/Aliases: provide the name(s)
- Name Change: provide the new name you would like approved
- Social Security Number: provide your full Social Security Number, which will only be used to conduct a Central Registry/Database check and will not be given to any other person than the indicated agency or entity on this form, with no X's
- Place of Birth: provide the name of the state you were born in
- Current Address: provide your address to your current residence
- Previous Address(es): provide other address(es), states and/or countries you have resided in for the past five years, in the space provided or on another sheet, if your current address is less than five years
- Applicant's Email: provide the email of the person DSS is conducting a search on

SECTION IV – REQUESTOR INFORMATION: type or stamp the return address in the space provided on the form and include the contact person's name, telephone number, and email

SECTION V – SIGNATURE AND MAILING INSTRUCTIONS: provide your (applicant) original signature for a one-time search of the Central Registry of Child Abuse and Neglect and/or the DSS Database and release of results with the signature of a witness or notary prior to mailing the payment (payable to the South Carolina Department of Social Services), completed DSS Form 3072, and a stamped addressed envelope to:

South Carolina Department of Social Services
Attention: Cashier
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520

PLEASE CALL (803) 898-7318, EXT. 4, IF YOU NEED ASSISTANCE COMPLETING THE FORM.

After the cashier receives this form and processes the payment, the Central Registry and/or DSS Database check will be completed by authorized DSS personnel.

Authorized DSS personnel must:

1. Conduct the Central Registry and/or DSS Database search in accordance with Section I, A or B;
2. Check the appropriate results box;
3. Sign and date the form; and
4. Return the results via the online portal, email, or mail to the individual or organization specified in Section IV **ONLY**.