

## 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

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:

- |   |  |
|---|--|
| <input type="checkbox"/> Becoming or remaining a foster or potential adoptive parent                                | <input type="checkbox"/> Residential Facility - (group homes, emergency shelters, wilderness camps, child caring institutions, etc.) |
| <input type="checkbox"/> Adults over the age of 18 residing in a potential foster or adoptive home                  | <input type="checkbox"/> Employment  |
| <input type="checkbox"/> Becoming an employee or volunteer for Richland County CASA                                 | <input type="checkbox"/> Volunteering  |
| <input type="checkbox"/> Becoming an employee or volunteer for the South Carolina Department of Children's Advocacy | <input type="checkbox"/> Other (please specify): _____   |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Becoming or remaining an employee or volunteer for Adult Care | <input type="checkbox"/> Volunteering                  |
| <input type="checkbox"/> Employment  | <input type="checkbox"/> 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**:

- |  |  |
|--|--|
| <input type="checkbox"/> Non-Profit Entity (CASA, etc.) - \$8.00 | <input type="checkbox"/> Name Change - \$8.00                      |
| <input type="checkbox"/> For Profit Entity - \$25.00             | <input type="checkbox"/> Foster Care/Adoption - \$8.00             |
| <input type="checkbox"/> State Agency - \$8.00                   | <input type="checkbox"/> Private Adoption Investigation - \$25.00  |
| <input type="checkbox"/> School - \$8.00                         | <input type="checkbox"/> Adult Care Facility - \$8.00              |
| <input type="checkbox"/> Group Care Facility - \$25.00           | <input type="checkbox"/> Other (individual request, etc.) - \$8.00 |

### III. APPLICANT (PERSON TO BE SEARCHED FOR) INFORMATION

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Maiden/Formal Name/Aliases: \_\_\_\_\_

Name Change: \_\_\_\_\_

Social Security Number (**no X's**): \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address(es): \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

**IV. MAIL RESULTS TO:**

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

**VI. RESULTS (COMPLETED ONLY BY AN AUTHORIZED DSS EMPLOYEE)**

- ☐ The name is not included as a perpetrator on the Central Registry of Abuse and Neglect
- ☐ The request has been received. Additional research is required to respond to the request. Thirty to sixty days may be required. Please call the number below if you have any questions:

- \_\_\_\_\_
- ☐ 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.

\_\_\_\_\_  
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 DSS Database

**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 seven years, in the space provided or on another sheet, if your current address is less than seven years
- Applicant's Email: provide the email of the person DSS is conducting a search on

**SECTION IV – MAIL RESULTS TO:** 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**.