

CAMHD CHILD ABUSE/NEGLECT DISCLOSURE STATEMENT

Please complete the following sections completely and legibly.

Current, Legal First and Last Name:			
Any Alias(es), Former Name(s), Including Maiden & Married Name(s):			
Date of Birth (DOB):		Social Security Number (SSN):	
Agency Name:			

Sign below to the statement A or B that you are declaring to be true.

A. FOR APPLICANTS WITH A POSSIBLE CHILD ABUSE/NEGLECT

RECORD: I am aware, or suspect that there may be a Child Abuse and/or Neglect record concerning me and/or my family because of an investigation conducted by the Department of Human Services' Child Protective Services. I am disclosing the detailed circumstances in a written, dated, and signed statement attached to this document.

SIGNATURE

DATE

OR

B. FOR APPLICANTS ATTESTING THEY DO NOT HAVE A CHILD

ABUSE/NEGLECT RECORD: This is to certify that I have not been an involved party to any investigation conducted by the Department of Human Services' Child Protective Services. Discovery to the contrary, of my involvement in an investigation may result in denial or revocation of my active CAMHD credential status.

SIGNATURE

DATE

**CONSENT TO RELEASE INFORMATION FROM THE
Child Protective Services System Central Registry**

I, _____ hereby give my consent to have the Department of Human Services (DHS) conduct a child welfare services Child Protective Services System Central Registry check on me and to release the information to:

Name of Individual or Organization: _____

Relationship: EMPLOYER

Address: _____

Phone Number: _____

This consent shall terminate a year from the date of my signature below. I understand that the information I provide about myself shall be used solely for the purpose of conducting the Child Protective Services System Central Registry check.

My Date of Birth: _____ **My Social Security Number:** _____

Any Alias, Former Name, Including Maiden Name: _____

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a Perpetrator and as specified below:

Child Protective Services System Central Registry:

- Date of CONFIRMED incident(s) only
- Type of abuse for each incident

I understand that the release of this information may be used as part of a background check for employment Purposed and to comply with the requirements for various social services programs within the Department of Human Services, which may result in employment suspension or termination.

Signature	Date

Mail the original form to: Department of Human Services, Child Welfare Services Branch, Statewide Child Welfare Services Section, 420 Waiakamilo Road, Suite 300A, Honolulu, Hawaii 96817. Faxes will not be accepted.