**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Request for Child Protective Services (CPS) Background Check**

**Use of form:** Use of this form is voluntary. This form is used when requesting a CPS history on an individual for the purpose of employment, caregiver licensing, adoption, or other legitimate reason. Signing this form gives the Division of Milwaukee Child Protective Services permission to release information about previous child abuse / neglect history to the agency requesting the information only. Personally identifiable information will be used for internal purposes only. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Records of investigations of abuse and neglect of children are confidential under Wisconsin law. The Division of Milwaukee Child Protective Services is required to follow sec. 48.981(7), Wis. Stats., which places strict limitations on who may have access to records of investigations involving allegations of abuse and / or neglect of children.

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| **Purpose of Background Check** | | | | | | | | | | | | | | |
| Provide Purpose of Background Check | | | | | | | | | | | | | | |
| If licensing, check one:  New  Renewal If renewal, date of last CPS background check: | | | | | | | | | |  | | | | |
| Yes  No Have you previously applied for a foster care license?  If “Yes”, provide the name of the licensing agency: | | | | | | | | | | | | | | |
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| **Agency Information** | | | | | | | | | | | | | | |
| Name – Agency Requesting Background Check | | | | | | | Name – Agency Contact Person | | | | | | | |
| Telephone Number – Agency Contact Person | | | Email Address – Agency Contact Person | | | | | | | | | | | |
| **Personal Information of Individual the Agency is Requesting to be Checked** | | | | | | | | | | | | | | |
| Name (Last, First, Middle) | | | | | | | Social Security Number | | | | Birth Date | | | |
| Address – House Number and Street Name | | | | | | | City | | | | Zip Code | | | |
| Previous address if at the above address less than five years. (Add additional page with additional addresses in past five years if needed.)  House Number and Street Name | | | | | | | City | | | | Zip Code | | | |
| Provide other legal names (maiden, married, hyphenated names). Also include names used that were not legal changes, alternate spellings of names, and initials used as names, e.g. TJ. | | | | | | | | | | | | | | |
| Provide names and birth dates of children. Include your adult children and of any other adults living in your home. | | | | | | | | | | | | | | |
| **Authorization of Individual** | | | | | | | | | | | | | | |
| I give permission to the Division of Milwaukee Child Protective Services to share CPS report information with the above listed agency. | | | | | | | | | | | | | | |
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| **SIGNATURE** – Individual Completing Form |  | Date Signed | |  | | **SIGNATURE** – Witness | | | | | |  | Date Signed | |
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| Print Name | | | |  | | Print Name | | | | | | | | |
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| **FOR** Division of Milwaukee Child Protective Services **USE – Results of Check** | | | | | **Note to Employers:** The CPS report pursuant to this request may not be shared with the prospective employee or any other individual under any circumstances. Should the prospective employee ask to see the report, refer them to Division of Milwaukee Child Protective Services where they may request a copy in person. | | | | | | | | | |
| Yes  No Reports of neglect / abuse are recorded.  Yes  No Information attached.  Yes  No Still investigating. | | | | |
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| **SIGNATURE** – Division of Milwaukee Child Protective Services Staff Person | | | | | | | |  | Date Signed | | | | |  |

Return form to: Division of Milwaukee Child Protective Services

Records Department

635 N. 26th Street

Milwaukee, WI 53233

DCF-F-2609-E (R. 10/2015)