

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.

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:

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 the above address is less than five years. (Add additional page with additional addresses in past five years if needed.)

City

Zip Code

House Number and Street Name

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. T.J.

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.

SIGNATURE – Individual Completing
Form

Date Signed

SIGNATURE – Witness

Date Signed

Print Name

Print Name

FOR Division of Milwaukee Child Protective Services USE – Results of Check		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reports of neglect / abuse are recorded.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information attached.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Still investigating.

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.

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