

Nebraska Department of Health and Human Services
Adult/Child Protective Services Central Registries

I understand that as a condition of my employment/volunteering, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registries. A check of these registries is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either registry as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release information contained on the Adult or Child Protective Services Central Registry including the information that a record has been found to:

Holt International Children's Services

(Agency/Facility Requesting Check)


(Address - Street, City) If not on letterhead


(Signature of Applicant/Employee/Volunteer)

(Date Signed)

(Printed Name of Applicant/Employee/Volunteer)

(Social Security Number)

_____  Other Names Used in Past Twenty (20) Years
(Please Print or Type)
(Use additional sheet if necessary)

_____  Other Addresses in Past Twenty (20) Years
(Please Print of Type)
(Use additional sheet if necessary)

_____  Names of Children Who Have Lived With You
(Please Print or Type)
(Use additional sheet if necessary)

(Date of Birth)

(Home Address/City/State/Zip)

(Witness Signature)

(Date Witnessed)

This release becomes void ninety (90) days after signature by Applicant/Employee/Volunteer