



LITTLE ROCK
CHRISTIAN
A C A D E M Y

ARKANSAS CHILD MALTREATMENT

Arkansas Child Maltreatment Central Registry Form Generator

Arkansas Department of Human Services
Division of Children and Family Services

Reason for Registry Check

Please select the most applicable answer. You are needing a registry check because: *

- You are teacher, a pre-service teacher, work for or attempting to work for a school Arkansas.
- You are a potential or current employee of a childcare facility or residential facility for children/youth licensed by Arkansas DHS.
- You are a potential foster or adoptive parent for Arkansas DHS through the Division of Children and Family Services (DCFS).
- You are a potential foster parent for a private organization including therapeutic foster care licensed by Arkansas DHS.
- You are a foster family support, volunteer, or intern for Arkansas DCFS.
- You are a potential relative caregiver or legal custodian for a child in Arkansas foster care.
- You are a relative caregiver for self-direction (PALCO).
- You are a DCFS worker submitting for a client.
- You are an out of state individual, provider, school, or state agency.
- None of the above applies, but you would like a registry check.

Applicant Information

Applicant Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name (optional)	Last Name

Social Security Number *

Maiden Name/Other Names Used

Race *

Age *

Date of Birth *

Phone *

Email Address *

2nd Email Address

Present Address *

Address Line 1

Address Line 2

City

State

ZIP Code

How long at this address (years/months)? *

Applicant Information

All addresses needed for the last 5 years

Previous Address

Address Line 1

Address Line 2

City

State

ZIP Code

How long at this address
(years/months)? *

Previous Address

Address Line 1

Address Line 2

City

State

ZIP Code

How long at this address
(years/months)? *

Previous Address

Address Line 1

Address Line 2

City

State

ZIP Code

How long at this address
(years/months)? *

Previous Address

Address Line 1

Address Line 2

City

State

ZIP Code

How long at this address
(years/months)? *

Applicant Information

As a parent/legal guardian, I consent that my child listed above can have a Request for Central Registry Check completed. *

I agree

Do you need to add any children?

You must list all children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home.

Add A Child

Child 1 Name *

First Name

Last Name

Child 1 DOB *

 

Child 1 Relationship *

Child 1 SSN

Do you need to add another child? *

- Yes
 No

Add A Child

Child 1 Name *

First Name

Last Name

Child 1 DOB *

 

Child 1 Relationship *

Child 1 SSN

Do you need to add another child? *

- Yes
 No

Add A Child

Child 1 Name *

First Name

Last Name

Child 1 DOB *

 

Child 1 Relationship *

Child 1 SSN

Do you need to add another child? *

- Yes
 No

Add A Child

Child 1 Name *

First Name

Last Name

Child 1 DOB *

 

Child 1 Relationship *

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Do you need to add another child? *

- Yes
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Child 1 Name *

First Name

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Do you need to add another child? *

- Yes
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Child 1 Name *

First Name

Last Name

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Child 1 Relationship *

Child 1 SSN

Do you need to add another child? *

- Yes
 No

Add A Child

Child 1 Name *

First Name

Last Name

Child 1 DOB *

 

Child 1 Relationship *

Child 1 SSN

Do you need to add another child? *

- Yes
 No