



New Mexico Children Youth & Families Department
 Protective Services Division/Placement, Prevention & Adoption Resource Bureau/Criminal
 Records Check Unit



Children Youth & Families Department

New Mexico Child Abuse & Neglect Check

**** Form shall by typed. Form will be rejected if information is missing. ****

I hereby authorize the NM Children Youth & Families Department (CYFD) to check for allegations of child abuse and neglect made against my name(s) and to check records for prior applications to become a Resource Parent. I understand that the check will be used in consideration of my suitability to be a Resource Parent. I release the NM CYFD from liability and otherwise hold CYFD harmless. The Department has my permission to provide the results to:

*Agency Name	*Contact Name	*Phone #	
*Agency Type:	Docket #	Court Name	
*Mailing Address:	*City	*State	*Zip
E-mail:			

APPLICANT INFORMATION

List your birth / legal name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used.

****Form will be rejected if fields are left blank.****

*First Name	*Middle Name <small>If none then NMN.</small>	*Last Name	
*Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc. <small>If none then N/A. Do not leave blank</small>			
*Social Security Number <small>9 digits</small>	*Date of Birth <small>mm/dd/yyyy</small>		
*Physical Address	*City	*State	*Zip Code
*Place of Birth <small>City, State</small>	*Phone #		
*Current Spouse / Significant Other: List the full name, DOB and SSN. <small>If none, please indicate N/A in the name field.</small>			
Full Name	*DOB <small>mm/dd/yyyy</small>	*SSN	
Previous Spouse / Significant Other: List the full name, DOB (if known) and SSN (if known). <small>If none please indicate N/A in the name field.</small>			
Full Name	DOB <small>mm/dd/yyyy</small>	SSN	
Full Name	DOB <small>mm/dd/yyyy</small>	SSN	

Please list the full name(s) of any birth, adoptive, foster, step or other children who have lived in your home. **Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).** If none please indicate N/A in the first name field only.

Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>

Please list all previous street addresses where you have lived at any time during the past 5 yrs. **Please include New Mexico address(es). Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).**

*Street Address	*City, State	*Yr(s) resided
Street Address	City, State	Yr(s) resided

FOR NM CYFD/PS USE ONLY

Our office has completed a child abuse and neglect check via our Family Automated Client Tracking System (FACTS). Our records show the following for _____

The following **Substantiation(s)** were found:

Date(s) Investigation Opened	Date(s) Investigation Closed	Physical Abuse	Physical Neglect	Sexual Abuse

The following **Unsubstantiation(s)** were found:

Date(s) Investigation Opened	Date(s) Investigation Closed	Physical Abuse	Physical Neglect	Sexual Abuse

Should you need additional information about the information recorded above please have your **applicant** contact CYFD's Records Custodian Kathleen Hardy (505)476-0471 or via email at Kathleen.hardy@state.nm.us.

A search of the CYFD/PS Foster Care and Adoptions Criminal Records Check (CRC) database Indicates that this applicant previously had a Background Check conducted on and by the following agencies:

Agency Name(s)	Date Background Check Conducted

If you have any questions please contact the CYFD PS CRC Unit at (505)827-8400 or e-mail CYFD.PSCriminalReco@state.nm.us.

Search processed by: _____ Date: _____

Print name of person who completed search: _____