



PLEASE FILL OUT COMPLETELY AND LEGIBLY

I understand that as a condition of my employment, my name will be checked against the Nebraska Health and Human Services Adult/Child Protective Services Central Registries. A check of these registries is necessary to ensure that I meet provider standards. One copy of this form will be sent to the Adult Registry and one will be sent to the Child Protective Service Registry, as they are two separate areas. 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:

 Christian Heritage Children's Homes
 (Agency/Facility Name)

 14880 Old Cheney Road Walton, NE 68461 (402)421-5438
 (Complete Agency Address and **Fax Number**)

 (Signature of Applicant/Employee)

 (Date Signed)

 (Printed or Typed Name of Applicant/Employee)

 (Social Security Number)

Other Names Used
 (Please Print or Type)

Other Addresses in Past Twenty (20) Years
 (Please Print or Type)

Names of Children Who Have Lived With You
 (Please Print or Type)

 Applicants Date of Birth

 Current Street Address/City/Zip-**Do Not** use a PO Box #

 Witness Signature

 Date Witnessed

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