



MISSISSIPPI STATE DEPARTMENT OF HEALTH

PRINT OR TYPE ONLY

BLUE OR BLACK INK ONLY

Mail to: Central Registry Unit
MS Department of Child Protection Services
P. O. Box 346
Jackson, MS 39205
OR FAX to 601-364-5056

NOTE: Incomplete, unsigned, or unwitnessed forms will be returned unprocessed.

Form updated 6-25-2018

From: License #:
(The requesting Child Care Facility's name as it appears on the license or license application) (Enter "Pending" if pending application)

Mailing Address: Phone #
Street/P.O. Box City State Zip Code (Include Area Code)

Applicant's Name:
(List maiden name & list any aliases)

Social Security Number: Date of Birth:
(A representative of the requesting Child Care Facility must verify by viewing the applicant's Driver's License and Social Security card)

Applicant's Telephone Number:

Applicant's Mailing Address:

Applicant's Physical Address:

By signing this form, I give the Mississippi State Department of Health and the above named Child Care Facility permission to request a Central Registry Unit/MS Department of Child Protective Services background check. I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for other purposes.

Applicant's Signature Date

I have witnessed the applicant's signature and understand that this information must be kept confidential with my agency.

Signature of Witness: Date:
(Witness must be a representative of the child care facility)

This section to be completed by Central Registry Unit/MS Department of Child Protective Services.

No identifying information was found in the Central Registry

The following information was found in the Central Registry

Signature of Central Registry Unit Representative Date

Criminal History Record Check Unit
143B LeFleur's Square • Post Office Box 1700 • Jackson, MS 39215-1700
601-364-1102 • Fax 601-364-5056 • www.HealthyMS.com

Equal Opportunity in Employment/Services

INSTRUCTIONS
for completing a request for a
Mississippi Department of Child Protective Services
CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
(CANCR)
background check

WARNING: **INCOMPLETE, UNSIGNED, or UNWITNESSED** forms will be returned unprocessed

Clearly **PRINT** or **TYPE** all information put on the form. Use only **BLUE** or **BLACK** ink.

From: Provide the name of the child care facility that is submitting the request for a Child Abuse and Neglect Central Registry (CANCR) background check. The name must be the same as that which appears on the facility's license or license application.

License #: Enter the full license number of the facility as it appears on the facility's license. If the facility is not yet licensed but an application and application fee has been submitted to the MS Dept. of Health, Child Care Licensure Division enter "PENDING."

Mailing Address: Enter the **correct mailing address** of the child care facility requesting the CANCR background check.

Phone #: Enter correct phone number of the child care facility requesting the CANCR background check.

Applicant's Name: *Enter the name of the individual on whom the CANCR background check is to be run. List the individual's maiden name and any aliases by which they may go.*

Social Security Number: Enter the correct social security number of the individual on whom the CANCR background check is to be run. **Note:** A representative of the Child Care Facility (usually the owner/director) must verify the social security number by viewing the applicant's social security card.

Date of Birth: Enter the correct birth date of the individual on whom the CANCR background check is to be run. **Note:** A representative of the Child Care Facility (usually the owner/director) must verify the applicant's birth date by viewing the applicant's driver's license, Mississippi ID, or birth certificate.

Applicant's Telephone Number: Enter a working telephone number where the applicant can be reached.

Applicant's Mailing Address: Enter the applicant's correct mailing address to include: Street/P.O. Box, City, State, Zip Code.

Applicant's Physical Address: Enter the physical address where the applicant lives.

Applicant's Signature and Date of Signature: Have the applicant sign and date the application for a CANCR background check.

Signature of Witness and Date Witnessing: Have the witness that checked the social security number and date of birth sign and date the CANCR background check application.

After the CANCR background check application has been completed, signed, and witnessed mail the form:

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