

**CHILD ABUSE RECORD INFORMATION FORM  
STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN & FAMILIES**

**Indicate Reason for CARI by Checking Appropriate Box**

- DHS/DDD Employee:**  Community Provider/Agency  *check here if Agency head*  
 Community Care Residence Provider  *check here if CCR Licensee*  
 DHS Developmental Center Staff  *check here if New Employee*  
 *check here if Existing Employee*

Agency/Facility: \_\_\_\_\_

COST CODE: \_\_\_\_\_

PLEASE PRINT CLEARLY IN INK. DO NOT USE PENCIL. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE BOTH PAGES OF THIS FORM. SIGN, DATE, AND RETURN THE FORM TO YOUR EMPLOYER FOR SUBMISSION TO DCF. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

Print your full name (first, middle, last): \_\_\_\_\_

Previous name, maiden name or nicknames: \_\_\_\_\_

Date of name change, if applicable: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security number:<sup>1</sup> \_\_\_\_\_ Sex: \_\_\_\_\_

Applicant Phone number: (      ) \_\_\_\_\_

Full Names and Dates of Birth of your children, if any, whether living with you or not:

**NOTE: If none, check this box**

Child's First Name	Middle Name	Last Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>1</sup> Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security Number is voluntary. Your Social Security Number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by N.J.S.A. 30:6D-76.

Name: \_\_\_\_\_

Your previous addresses since 1980 and the dates you lived at each address: **NOTE: If none, check this box**   
(ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED)

1) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

2) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

3) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

4) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

5) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

All persons completing this form **must** read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I may not be permitted to work, or continue to work as a DHS employee, contractor, or volunteer. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR DEPARTMENT OF CHILDREN & FAMILIES USE ONLY

CARI staff initials \_\_\_\_\_