

DC Child Protection Register (CPR) Check Request Application

This is a "fillable" PDF form. Download it on your computer, save it with applicant name and submission date: "John-Doe-App-10-01-2023" (no periods, punctuation, special characters or spaces in the file name). Type this form. If you print it and handwrite, print clearly in block lettering. Forms are returned if incomplete, incorrect or the handwriting is not clear.

I. THE REQU	JESTOR	COMP	LETES TH	IS SEC	TION							
☐ NEW REQUI	EST (The	applica	ant does no	t have	a CPR clea	rance on	file with this	requesto	or)	Date N	leeded	
☐ RENEWAL REQUEST (The applicant has a CPR clearance on file with this requestor) Date of Last Results												
Please call 202-727-8885 or email <u>cfsa.cpr@dc.gov</u> for special circumstances needing expedited results.												
Request Purpose: Check Only One (if unsure, contact the CPR office at 202-727-8885 or cfsa.cpr@dc.gov)												
Employment	☐ Emp	Employment suitability determination (employee/contractor/sub-contractor/volunteer/fellow/intern)										
Child Welfare	☐ Adop	Adoption/Guardianship/Foster Care/Kin Care										
Child Wellare	☐ Gran	Grandparent/Relative Caregiver Subsidy \Box Investigation \Box Court \Box Custody Determination										
Self-check	□ Perso	Personal Use (may not be used for employment, child welfare or licensing purposes)										
Contact Name	/Title											
Organization N	Name											
Requestor Add	dress											
Requestor Phone #			Requestor E									
If the employer has a contract/sub-contract with a DC Gov't agency, list the agency here												
Results are sent to the requestor by encrypted email. The encrypted email link will expire 30 days after it is sent. Please check the email junk or spam folder if you have not received the results within 14 days for initial checks or 30 days for renewal checks.												
•		-	•			ılts within	14 days for ini	itial check	ks or 3	30 days	for renew	al checks.
II. THE APPL							II : C)	Lost	Nam	o Caraba	-l	P I- I - \
First Name				Middle Name (type "no n			ddle name" if none) Last Name (include suffix if applicable)					аррисавіе)
Preferred Phone Numl			ımber		Email Address							
	□Home □Work □Ce			□Cell								
Date of Birth (MM/DD/Y	YYY) Social Security Number (SSN) If you don't have an SSN, confirm below Sex (on birth certificate							irth certificate)			
						□ I am r	am not a U.S. Citizen; I have no SSN 🔲 Male 🔲 Female			□ Female		
						s married i	name, legal nar		e, nick	names,		
Other First Name			Othe	er Middl	le Name	e Name Other Last			Name		Nickname	
Household M	1emhers	(spouse/	nartner relativ	e roomn	nate tenant) 8	Childre	n (hiological, ado	ntad fostar	r stan	adult chil	dren living:	at home or not)
Household Members (spouse/partner, relative, roommate, tenant) & Children (bio Name (first name, middle name, last name) Date								Pica, roster	-		hip to Ap	
rame (machanie, madre name, last name)												

RESIDENCY INFORMATION. List all addresses, and the start and end dates, to the best of your ability.

- Applicants for employment purposes working in DC must include all addresses of residence for the last five (5) years.
- **Back-up caregivers, adult household members, subsidy recipients** and **individuals requesting a self-check** living in DC must include all addresses of residence for the <u>last five (5) years.</u>
- Applicants for adoption, guardianship, foster care, and kinship care must provide all District of Columbia addresses since turning age 18, going back no further than 2002, per the Improved Child Abuse Investigations Amendment Act of 2002, D.C. Law 14-206, § 4–1302.03.

To help remember your previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

Street Address (Include Quadrant and Apt # if applicable)	City, State, Zip	Start – End Dates (MM/YYYY – MM/YYYY)
(EXAMPLE) 100 J Street NW, Apt. B	Washington, DC 20000	10/2018-present
APPLICANT CONSENT & IDENTITY VERIFICATION		
I hereby confirm that I have provided complete and accu		
incomplete or false information, I may be subject to fine Agency to provide the Requestor information about me t		
Applicant Printed Name App	olicant Signature	Date
I will submit a color copy of a government-issued, p	photo identification that includes my DO	OB with this application

Upload the CPR application and ID through the CFSA website https://cfsa.dc.gov/service/child-protection-register-cpr.

IMPORTANT: This application contains personally identifiable information (PII) and should only be shared via secure methods.

NEVER submit your CPR application and ID by email.