

**APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY  
SCREENS  
AND WYOMING CRIMINAL HISTORY RECORD PRESREENS**

*Please complete below (print clearly).*

Person Being Screened: \_\_\_\_\_  
Name of Person Within Requesting Facility: Michelle Weber (and) Mitch Brauchie  
Name of Facility, Organization or Agency: DFS, Child Care Licensing (and) Children's  
Resource Center  
Mailing Address: P.O. Box 1191  
Powell, Wyoming 82435

Phone Number: (307) 754-2864 Fax Number: (307) 754-9829

**Purpose of Screening (Department of Family Services and Child Care Facilities ONLY):**

Child Care Subsidy Program: \_\_\_\_\_ Adoption: \_\_\_\_\_  
Child Care Licensing: X Foster Care: \_\_\_\_\_  
24 Hour Substitute Care Certification: \_\_\_\_\_ DFS Employment: \_\_\_\_\_  
Other: \_\_\_\_\_

**Volunteer, prospective employee or an employee who has or may have unsupervised access to minors or disabled adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."**

The Request: Send a completed Authorization of Release of Information (reverse side) and this application form to Department of Family Services, Division of Juvenile Services, Third Floor Hathaway Building, Cheyenne, WY 82002. **AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM THE DATE SIGNED.** An eight (\$8) fee is required for each individual screened. The requesting organization shall include a check or money order, payable to the State of Wyoming, in the amount of \$8 multiplied by the number of screens requested. If the organization pays with a check, it should use a check drawn on its account. Do not send cash. Submit a self-addressed envelope with the request. Incomplete forms and requests not accompanied by a check or money order will be returned unprocessed.

**NOTE: Central Registry Screens and Criminal History Record Prescreens are specific to the State of Wyoming.**

(Copy of SS-26 Form will be returned to Applicant within 10 days of receipt)

<b>For DFS office use only.</b>	Date Completed: _____	Ref #: _____
Check #: _____	MO #: _____	
Listed on the DFS Abuse/Neglect central registry: YES <input type="checkbox"/>	NO: <input type="checkbox"/>	
DCI criminal history <u>prescreen</u> : No Disqualifying information: <input type="checkbox"/>		
You may consider having a complete criminal history background check: <input type="checkbox"/>		
Instructions for requesting a DCI criminal history records check enclosed: <input type="checkbox"/>		
Kathy Garcia _____ Central Registry Specialist	Christian Smith _____ Supervisor/Manager 3	

