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STATE OF FLORIDA

DEPARTMENT OF CHILDREN & FAMILIES

# Central Abuse Hotline Record Search

Local Licensing Agency :  
PBC Child Care Facilities Board -  
Palm Beach County Health Dept.

I/we, \_\_\_\_\_ and \_\_\_\_\_  
*(please print – first, middle, last name)* *(please print – spouse first, middle, last name, if applicable)*

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were "some indication" or "verified indicators" of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: SSN: _____ DOB: _____ Race: _____ Sex: _____						
Spouse: SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s): _____						
Current Address:	Address	City	County	State	Zip	Dates at Address
_____						
Previous Address:	Address	City	County	State	Zip	Dates at Address
_____						
Previous Address:	Address	City	County	State	Zip	Dates at Address
_____						

Reason for Record Search:  Adoption Applicant (Chapter 63)  DCF Employee (Chapter 39)  
 Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.) Family child care, foster/shelter/group home or adoption applicants must list all household members on page two of this form. **Do not include any foster care children.**

**TO BE COMPLETED BY REQUESTING AGENCY**

Child Care Center  Family Child Care Home  Foster/Shelter/Small Group Home  Adoption  
 Child-Caring Agency  Child-Placing Agency  DD Foster/Small Group Home

OCA and/or Facility ID: \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

\_\_\_\_\_  
Signature of Requesting Facility/Agency Representative

\_\_\_\_\_  
Date

