



State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

OFFICE OF LEGAL AFFAIRS
CHILD ABUSE RECORD INFORMATION UNIT (CARI)
P.O. BOX 717, CC: 910
TRENTON, NJ 08625-0717
1-855-744-4913

ALLISON BLAKE, PH.D., L.S.W.
Commissioner

CONFIDENTIAL

November 27, 2013

Notice of Change for Mailing CARI
applications

**Office of Legal Affairs/CARI
50 East State Street, 4th Floor
PO Box 717, CC: 910
Trenton, NJ 08625-0717**

Please make the notation for your record. If you have any questions, you can call 1-855-744-4913.

Sincerely,

Kimberley Golden, MSW, LSW
CARI Unit Supervisor

CHILD ABUSE RECORD INFORMATION CONSENT FORM
DEPARTMENT OF HUMAN SERVICES
OFFICE OF LICENSING - YOUTH AND FAMILY SERVICES

RESIDENTIAL CHILD CARE PROGRAM

Name of Program: _____
Site Address of Program: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
Name of Director: _____
Phone: _____ - _____ - _____
Certification #: _____

PLEASE PRINT CLEARLY IN INK. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE THIS FORM ON BOTH PAGES AND RETURN IT TO THE RESIDENTIAL CHILD CARE PROGRAM. 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 or date of marriage: _____

Home address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Race: _____

Social Security number: _____ Sex: _____

NOTE: 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 the State (P.L. 2003, C. 186).

Full names of your children, if any, whether living with you or not:

Name _____

Your previous addresses since 1990 and the dates you lived at each address:

1) _____

Resided from: _____ To: _____
(month) (year) (month) (year)

2) _____

Resided from: _____ To: _____
(month) (year) (month) (year)

3) _____

Resided from: _____ To: _____
(month) (year) (month) (year)

4) _____

Resided from: _____ To: _____
(month) (year) (month) (year)

Please check whether you: _____ Are the director of the agency or facility.

_____ Are a current staff member at the agency or facility.

_____ Are a new staff member. Please indicate the date you were hired: _____

_____ Are a home provider (treatment home, shelter home, teaching family home, alternative care home, or supervised transitional living home).

_____ Are a household member of a home provider.

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

I consent to have the Office of Licensing 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 will not be permitted to sponsor or work at this or any other licensed residential child care program in New Jersey. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials _____