

1HZ 0H[LFR &KLOGUHQ <RXWK)DPLOLHV 'HSDUWPHQW &<)' WR FKHFN IRU DOOHJDW
3URWHFWLYH 6HUYLEFHV 'LYLVLRQ 3ODFHPHQW 3UHYHQWLRQ \$GR
5HFRUGV &KHFN 8QLW

1HZ 0H[LFR &KLOG \$EXVH 1HJOHFW &KHFN

)RUP VKDOO E\ W\SHG)RUP ZLOO EH UHMHFHWG LI LQIRUPDWLRQ LV

, KHUHE\ DXWKRUL]H WKH 10 &KLOGUHQ <RXWK)DPLOLHV 'HSDUWPHQW &<)' WR FKHFN IRU DOOHJDW
UHFRUGV IRU SULRU DSSOLFDWLRQV WR EHFRPH D 5HVRXUFH 3DUHQW , XQGHUVWDQG WKDW WKH FK
UHOHDVH WKH 10 &<)' IURP OLDELOLW\ DQG RWKHUZLVH KROG &<)' KDUPOHVV 7KH 'HSDUWPH

\$JHQF\ 1DPH &RQWDFW 1DPH 3KRQH
\$JHQF\ 7\SH 'RFNHW &RXUW 1DPH
0DL0LQJ \$GGUHVV City 6WDWH Zip

)RU \$JHQF\ 8VH 2QO\

)RU \$JHQF\ 8VH 2

APPLICANT INFORMATION

List your birth / legal name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used.

)RUP ZLOO EH UHMHFHWG LI ILHOGV DUH OHIW EODQN

First Name Middle Name .I QRQH WKHQ 101 Last Name

Aliases, AKA's 0DGLHQ 1DPH 1LFNQDPH 6U -U HWP

Social Security 1XPEHU 6LJLWV 'DWH RI %LQWK

3K\VLFD0 \$GGUHVV &LW\ State Zip & RGH

3ODFH RI %LQWK 3KRQH

&XUUHQW 6SRXVH 6LJQLMWF DQW 2W0HQDPH 2% DQG 661

)XOO 1DPH '2% PP GG ILLL 661

3UHYLRXV 6SRXVH 6LJQLMWF DQW 2W0HQDPH '2% LI NQRZQ DQG 661

)XOO 1DPH '2% PP GG ILLL SSN

)XOO 1DPH '2% PP GG ILLL SSN

Please list the full name(s) of any birth, adoptive, foster, step or other children who have lived in your home. [Should you need additional space please add a separate piece of paper with the requested information below.](#) [Please have applicant sign and date additional page\(s\).](#) If none please indicate N/A in the first name field only.

)XOO 1DPH '2% PP GG ILLL

Full Name '2% PP GG ILLL

Full Name '2% PP GG ILLL

Full Name '2% PP GG ILLL

Full Name '2% PP GG ILLL

Please list all previous street addresses where you have lived at any time during the past 5 yrs. [Please include New Mexico address\(Hs\). Should you need additional space please add a separate piece of paper with the requested information below.](#) [Please have applicant sign and date additional page\(s\).](#)

Street Address City, State Yr(s) resided

Street Address City, State Yr(s) resided

FOR NM CYFD/PS USE ONLY

Our office has completed a child abuse and neglect check via our Family Automated Client Tracking System (FACTS). Our records show the following for : _____

The following **Substantiation(s)** were found:

Date Check Ran (Internal Use Only)	Date(s) Investigation Opened	Date(s) Investigation Closed	Physical Abuse	Physical Neglect	Sexual Abuse

The following **Unsubstantiation(s)** were found:

Date Check Ran (Internal Use Only)	Date(s) Investigation Opened	Date(s) Investigation Closed	Physical Abuse	Physical Neglect	Sexual Abuse

Should you need additional information about the information recorded above please have your **applicant** Contact CYFD's Records Custodian Kathleen Hardy (505) 827-8400 or via email at Kathleen.hardy@state.nm.us.

A search of the CYFD/PS Foster Care and Adoptions Criminal Records Check (CRC) & Adam Walsh Check database Indicates that this applicant previously had a Background Check conducted on and by the following agencies:

Agency Name(s)	Date Background Check Conducted

If you have any questions please contact the CYFD PS CRC Unit at (505)827-8400 or e-mail CYFD.PSCriminalReco@state.nm.us.

Search processed by: _____ Date: _____

Print name of person who completed search: _____