



**New Mexico Children Youth & Families Department**  
Protective Services Division/Placement, Prevention & Adoption Resource Bureau/Criminal  
Records Check Unit



Children Youth & Families Department

**New Mexico Child Abuse & Neglect Check**

**\*\* Form shall be typed. Form will be rejected if information is missing. \*\***

*I hereby authorize the NM Children Youth & Families Department (CYFD) to check for allegations of child abuse and neglect made against my name(s) and to check records for prior applications to become a Resource Parent. I understand that the check will be used in consideration of my suitability to be a Resource Parent. I release the NM CYFD from liability and otherwise hold CYFD harmless. The Department has my permission to provide the results to:*

<b>*Agency Name</b>	<b>*Contact Name</b>	<b>*Phone #</b>	
<b>*Agency Type:</b>	<b>Docket #</b>	<b>Court Name</b>	
<b>*Mailing Address:</b>	<b>*City</b>	<b>*State</b>	<b>*Zip</b>

**For Agency Use Only** E-mail:

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**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.

**\*\*Form will be rejected if fields are left blank.\*\***

<b>*First Name</b>	<b>*Middle Name</b> <small>If none then NMN.</small>	<b>*Last Name</b>	
<b>*Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc.</b> <small>If none then N/A. Do not leave blank</small>			
<b>*Social Security Number</b> <small>9 digits</small>	<b>*Date of Birth</b> <small>mm/dd/yyyy</small>		
<b>*Physical Address</b>	<b>*City</b>	<b>*State</b>	<b>*Zip Code</b>
<b>*Place of Birth</b> <small>City, State</small>	<b>*Phone #</b>		
<b>*Current Spouse / Significant Other:</b> List the full name, DOB and SSN. <small>If none, please indicate N/A in the name field.</small>			
<b>Full Name</b>	<b>*DOB</b> <small>mm/dd/yyyy</small>	<b>*SSN</b>	
<b>Previous Spouse / Significant Other:</b> List the full name, DOB (if known) and SSN (if known). <small>If none please indicate N/A in the name field.</small>			
<b>Full Name</b>	<b>DOB</b> <small>mm/dd/yyyy</small>	<b>SSN</b>	
<b>Full Name</b>	<b>DOB</b> <small>mm/dd/yyyy</small>	<b>SSN</b>	

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.

<b>Full Name</b>	<b>DOB</b> <small>mm/dd/yyyy</small>
<b>Full Name</b>	<b>DOB</b> <small>mm/dd/yyyy</small>
<b>Full Name</b>	<b>DOB</b> <small>mm/dd/yyyy</small>
<b>Full Name</b>	<b>DOB</b> <small>mm/dd/yyyy</small>
<b>Full Name</b>	<b>DOB</b> <small>mm/dd/yyyy</small>

Please list all previous street addresses where you have lived at any time during the past 5 yrs. **Please include New Mexico address(es). 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).**

<b>*Street Address</b>	<b>*City, State</b>	<b>*Yr(s) resided</b>
<b>Street Address</b>	<b>City, State</b>	<b>Yr(s) resided</b>

**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:

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

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

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

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@cyfd.nm.gov](mailto:Kathleen.hardy@cyfd.nm.gov).

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:

<b>Agency Name(s)</b>	<b>Date Background Check Conducted</b>

If you have any questions please contact the CYFD PS CRC Unit at (505)827-8400 or e-mail [CYFD.PSCriminalReco@cyfd.nm.gov](mailto:CYFD.PSCriminalReco@cyfd.nm.gov).

Search processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of person who completed search: \_\_\_\_\_