



New Mexico Children Youth & Families Department

Protective Services Division/Placement,
Prevention & Adoption Resource Bureau
Criminal Records Check Unit

New Mexico Child Abuse & Neglect Check



Children, Youth & Families Department

STATE OF NEW MEXICO

**** 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:

*Agency Name	*Contact Name	*Phone #	
*Agency Type:	Docket #	Court Name	
*Mailing Address:	*City	*State	*Zip

For Agency Use Only E-mail:

For Agency Use Only

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.****

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

Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <small>mm/dd/yyyy</small>
Full Name	DOB <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).**

*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@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:

Agency Name(s)	Date Background Check Conducted

If you have any questions please contact the CYFD PS CRC Unit at (505)500-7310 or e-mail CYFD.PSCriminalReco@cyfd.nm.gov.

Search processed by: _____ Date: _____

Print name of person who completed search: _____