CHILD ABUSE RECORD INFORMATION FORM
STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN & FAMILIES

Indicate Reason for CARI by Checking Appropriate Box

DHS/DDD Employee:
- ☐ Community Provider/Agency — ☐ *check here if Agency head*
- ☐ Community Care Residence Provider — ☐ *check here if CCR Licensee*
- ☐ DHS Developmental Center Staff — ☐ *check here if New Employee*
- ☐ *check here if Existing Employee*

Agency/Facility: _____

COST CODE: _____

PLEASE PRINT CLEARLY IN INK. DO NOT USE PENCIL. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE BOTH PAGES OF THIS FORM. SIGN, DATE, AND RETURN THE FORM TO YOUR EMPLOYER FOR SUBMISSION TO DCF. 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, if applicable: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Race: _____

Social Security number:[1] _____ Sex: _____

Applicant Phone number: ( ) _____

Full Names and Dates of Birth of your children, if any, whether living with you or not:

NOTE: If none, check this box ☐

Child's First Name	Middle Name	Last Name	Date of Birth

[1] 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 N.J.S.A. 30:6D-76.

Name: _____

Your previous addresses since 1980 and the dates you lived at each address: **NOTE: If none, check this box** ☐
(ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED)

1) _____

From: _____ (month) (year) To: _____ (month) (year)

2) _____

From: _____ (month) (year) To: _____ (month) (year)

3) _____

From: _____ (month) (year) To: _____ (month) (year)

4) _____

From: _____ (month) (year) To: _____ (month) (year)

5) _____

From: _____ (month) (year) To: _____ (month) (year)

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

I consent to have the Department of Children and Families 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 may not be permitted to work, or continue to work as a DHS employee, contractor, or volunteer. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

FOR DEPARTMENT OF CHILDREN & FAMILIES USE ONLY

CARI staff initials _____