DPP-156
(R. 8/2026)
922 KAR 1:470

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency) (Required by 922 KAR 1:300)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher (Authorized by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- ☐ Michelle P. Waiver (Required by 907 KAR 1:835)
- ☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- ☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- ☐ Children's Advocacy Center (Required by 922 KAR 1:580)
- ☐ Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- ☐ Personal Care Attendant (Required by 910 KAR 1:090)
- ☐ Health Facility as Defined in KRS 216B.015 (Authorized by KRS 216.2955)
- ☐ Health Care Provider Enrolled in Medicaid (Authorized by KRS 216.2955)
- ☐ Department of Juvenile Justice (Authorized by 28 C.F.R. §115.317)

Other

If you are requesting this check due to it being required or authorized for an out of state employer, please include the state or federal law that requires or authorizes the check be completed.
If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the state or federal law providing authority for the request.
If a state or federal law is not listed, your request will be cancelled, and no refund will be issued.

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card/individual taxpayer ID, passport, work ID, or birth certificate):
If you are under the age of 18, a parental consent form MUST be uploaded.

Name: _____
(First) (Middle) (Maiden/Nickname/Other) (Last)

Sex: ___ **Race:** _____ **Date of Birth:** _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Current Address: _____
(Street Address) (City) (State) (Zip Code)

Living at the current address longer than 5 years? ☐ Yes ☐ No (please list previous addresses for the last 5 years)

CENTRAL REGISTRY CHECK

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Use another sheet of paper, if necessary.

A credit or debit card payment in the amount of ten dollars ($10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

_____ _____
Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ **CITY**: _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

E-MAIL ADDRESS: _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

☐ No reportable incident found in accordance with 922 KAR 1:470
☐ Substantiated child abuse found on the registry Date of substantiated finding: _____
☐ Substantiated child neglect found on the registry Date of substantiated finding: _____
The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No
☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ **BY** _____

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