



Central Abuse Hotline Record Search

I/we, _____ and _____
(please print first middle last name) (please print spouse first middle last name, if applicable)

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, F.S. in which my name appears and there were "some indication" or "verified indicators" of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of developmentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature _____ Date _____ Phone _____

Spouse Signature _____ Date _____ Phone _____

Applicant SSN _____ DOB _____ Race _____ Sex _____

Spouse SSN _____ DOB _____ Race _____ Sex _____ Prior Name(s) _____

Current Address: _____

Previous Address	Address	City	County	State	Zip	Dates at Address
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Previous Address	Address	City	County	State	Zip	Dates at Address
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Previous Address	Address	City	County	State	Zip	Dates at Address
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Reason for Record Search: ☒ Adoption Applicant (Chapter 63), ☐ Licensing/Registration Applicant (Chapters 39, 415, 402 or 409), ☐ DCF Employee (Chapter 39).

(note: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all household members on the back of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY

☐ Child Care Center ☐ Family Child Care Home ☐ Foster/Shelter/Small Group Home ☒ Adoption
☐ Child-Caring Agency ☐ Child-Placing Agency ☐ DD Foster/Small Group Home

OCA and/or Facility ID: _____

Facility/Agency Name: Forever Families Home Study Agency Phone: 407-739-6059

Address: _____

PO Box 1195	Goldenrod, FL	32733-1195
Mailing Address	City/State	Zip

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Margot Logan, LCSW

Date _____