



New Mexico Children Youth & Families Department
Protective Services / Foster Care & Adoptions Bureau / CRC Unit

Child Abuse & Neglect Check for Prospective Foster Care Parent

* Form shall be typed. Form will be rejected if information is missing. We need original signed and notarized form. *

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 foster parent.

* Agency Name * Contact Name * Ph #
* Mailing Address * City * State * Zip

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 No Initials. If none then NMN. * Last Name

* Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc. If none then N/A. Do not leave blank.

* Social Security Number 9 digits * Date of Birth mm/dd/yyyy
* Physical Address * City State Zip Code
* Place of Birth City, State Phone Number

Current Spouse / Significant Other: List the full name, DOB and SSN. If none please indicate N/A in the name field.

* Full Name * DOB mm/dd/yyyy * SSN

Previous Spouse / Significant Other: List the full name, DOB (if known) and SSN (if known). If none please indicate N/A in the name field.

* Full Name: * DOB mm/dd/yyyy SSN
Full Name: DOB mm/dd/yyyy 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).

* Full Name * DOB mm/dd/yyyy
Full Name DOB mm/dd/yyyy
Full Name DOB mm/dd/yyyy
Full Name DOB mm/dd/yyyy
Full Name DOB mm/dd/yyyy

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

Under penalty of perjury, I certify that the above statements to be true and complete to the best of my knowledge.

Applicant Signature

Date

Subscribed and sworn before me this ___ day of ___ 20___

Notary Public Signature and (SEAL)

My Commission Expires: