



New Mexico Children Youth & Families Department **Child Abuse & Neglect Check** for Prospective Foster Care Parent

Please use the Tab Key to Navigate form.
***Required Fields shall be typed.**

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. I understand that the check will be used in consideration of my suitability to be a Foster Parent. I release the NMCYFD from liability and other wise hold CYFD harmless. The Department has my permission to provide the results to:

***Agency Name:**

*** 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.

Please spell out every name, no initials. **If no Aliases please put N/A. If no middle name please indicate NMN. Form will be rejected if fields are left blank.**

*** First Name:**

*** Middle Name**

*** Last Name:**

*** Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc.**

*** Social Security #**

*** Date of Birth (mm/dd/yyyy)**

*** Physical Address:**

*** City**

*** State:**

*** Zip :**

*** Place of Birth (city, state)**

*** Phone Number :**

Current Spouse / Significant Other: List the full name, date of birth and Social Security Number. **If none please indicate N/A in name field.**

*** Full Name:**

*** DOB:**

*** SSN:**

Previous Spouse / Significant Other: List the full name, date of birth (if known) and Social Security Number (if known). **If none please indicate N/A in the name field.**

*** Full Name:**

*** DOB:**

*** SSN:**

Full Name:

DOB:

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. If none please indicate N/A in the first name field only.

*** Full Name:**

*** DOB:**

Full Name:

DOB:

Full Name:

DOB:

Full Name:

DOB:

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.

*** 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 _____ 2017.

Notary Public Signature (SEAL)

My Commission Expires: