



DELAWARE HEALTH & SOCIAL SERVICES
Division of Long Term Care Residents Protection
Adult Abuse Registry
3 Mill Road, Suite 308
Wilmington, DE 19806-2164

**AUTHORIZATION TO
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF LONG TERM CARE RESIDENTS PROTECTION
FOR THE RELEASE OF ADULT ABUSE REGISTRY INFORMATION**

Employer: **SAINT FRANCIS HEALTHCARE SERVICES
HUMAN RESOURCES DEPARTMENT**

Address: **701 NORTH CLAYTON STREET
WILMINGTON, DELAWARE 19805**

I hereby authorize the indicated employer to obtain from the Division of Long Term Care Residents Protection any information concerning me which may be on the Adult Abuse Registry pursuant to 11 Del. C., § 8564.

APPLICANT

(Black or Blue Ink Only)

PRINT NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

WITNESS

PRINT NAME

DATE

SIGNATURE

7/21/17



DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM Web Portal



Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used:

Social Security #:

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

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes No

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18)

PART II - REQUESTER INFORMATION

Check one option below and complete required information*:

- Agency Request – Agency Name*: **Saint Francis Hospital - Human Resources Department**
- Individual Request - Self

* Mandatory