

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name		Fax Number
Nebraska Respite Network Southwest Service Area		308-345-4289
Address		Phone Number
404 West 10 th ST/PO Box 1235	McCook, NE 69001	308-345-4990

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Full Legal Name (applicant)

Address	City/State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number	
<input type="text"/>	<input type="text"/>	

Other names previously used such as former married names, maiden name and nick names.

Names and birth dates of your children and children who have lived with you.

Any Address at which you have resided during the past 20 years.

Signatures and Dates

Print full legal name

Signature _____ Date _____