NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Children and Family Services (CFS)
Nebraska Child Abuse and Neglect Central Registry (CAN Registry)/
Nebraska Adult Protective Services Central Registry (APS Registry)

All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. For information on how to register your organization go to: http://dhhs.ne.gov/CFSCentralRegistry

ORGANIZATION INFORMATION

Registered Organization ID Number	Registered Organization Name
1022	OneSource

APPLICANT INFORMATION

First	Middle	Last Name

Date of Birth	Age	Social Security Number

Current Address

City	State	Zip Code

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided (minimum City & State):

Please release the following information to the Organization listed above: (Check all that apply): .

☐ Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:
   a. Date of the alleged child abuse or neglect; and
   b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

☐ Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:
   a. Date of the alleged adult abuse or neglect; and
   b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant _____ Date _____

(NOTE: If Applicant is less than 19 years of age the notarized signature of Applicant's Legal Guardian is also required below in Section C).

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by:

_____
(Printed Name of Applicant) .

Affix Official Notary seal here _____ Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identity of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee _____ Date _____

Printed Name of Organization Employee _____

Signature of Applicant's Legal Guardian _____ Date _____

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Section C - Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by:

_____
(Printed name of Applicant's Legal Guardian) .

Affix Official Notary seal here _____ Notary Public

Registered Organization ID Number

1022