

# New Mexico Children Youth and Families Department

## Abuse and Neglect Check for Prospective Foster/Adoptive Parents

I hereby authorize the NM Children Youth and Families Department to check for allegations of child abuse or neglect made against my name(s) and to check records for prior applications to become a foster or adoptive parent. I release the NM Children, Youth & Families Department (CYFD) from liability and other wise hold CYFD harmless. The Department has my permission to provide the results to: **Agency Name:** \_\_\_\_\_

**Agency Mailing Address:** \_\_\_\_\_

I understand that the check will be used in consideration of my suitability to be a foster or adoptive parent. List your birth 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 middle name, please indicate "NMN".

\_\_\_\_\_

\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Your Place of Birth (city, state, country):** \_\_\_\_\_

**Current physical address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

List the full name, date of birth, and Social Security Number of current spouse/significant other:

**Previous Spouse(s)/Significant Other(s):**

Full name(s)	Date of birth, if known	Social Security Number, if known

**Birth, adoptive, foster, step or other children who have lived in your home:**

Full name(s)	Date of birth

**List all previous addresses where you lived at any time during the past 5 years:**

Street address, if known	City, State	Years of residence

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

\_\_\_\_\_  
Signature Date

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 2015.

\_\_\_\_\_  
Signature Notary Public

My Commission Expires:

(SEAL)

**FOR CYFD/PS USE ONLY**

- A search of the Family Automated Client Tracking System (FACTS) has been completed on the above named applicant. A record of substantiated child abuse/neglect was not found.
- A search of the Family Automated Client Tracking System has been completed on the above named applicant. A substantiated report of abuse or neglect was found to exist in the State of New Mexico. The substantiated report is as follows:

Date	Physical Abuse	Physical Neglect	Sexual Abuse

A search of the Foster Care/Adoption CRC database indicates that applicant previously had CRCs conducted by the following agencies:

Agency Name	Yr(s) CRC Conducted

If you have any questions about historical information, please contact the agencies listed above. For CYFD history or other questions please contact the CYFD CRC Unit at (505)827-8400 or [CYFD.PSCriminalReco@state.nm.us](mailto:CYFD.PSCriminalReco@state.nm.us).

Search processed by: \_\_\_\_\_ Date \_\_\_\_\_

Print name of person who completed search: \_\_\_\_\_

CYFD Protective Services  
CRC Unit Room 225  
PO Drawer 5160  
Santa Fe, NM 87502