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)

This form is to be used to request a Central Registry Check. Individuals must enter information into each field. If a field is not applicable write NOT APPLICABLE. Individuals must sign and date on page 2; select which Central Registry check(s) are authorized to be checked; and have their signature notarized. If the individual is under the age of 19, the parent or guardian must sign and have their signature notarized. Please indicate below if the results are to be sent to a business or organization by checking the box and providing the Name and Portal ID of the business or organization.

Central Registry checks can also be requested online at https://ecmp.nebraska.gov/DHHS-CR/
More information can be found at: http://dhhs.ne.gov/CentralRegistry

Business/Organization Check: ☐

ORGANIZATION/BUSINESS INFORMATION

Name: | Portal ID:

Organization/Business must provide Portal ID to access results.
Visit https://ecmp.nebraska.gov/DHHS-CR/ to create a Portal ID.

INDIVIDUAL INFORMATION

First | Middle | Last Name

Date of Birth | Age | Social Security Number

Address

City | State | Zip Code

Phone Number:

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 myself or the business or organization listed above (Check all that apply). This Authorization is valid for a period of 6 months from the date of the signature:.

☐ 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).

I am the: ☐ Individual ☐ Guardian

_____ _____

Signature of Individual/Guardian Date

STATE OF_____)
) ss.
COUNTY OF_____)

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

_____

Printed Name of Individual/Guardian

_____

Affix Official Notary seal here Notary Public

Instructions: Mail completed form to:

DHHS Accounting
P.O. Box 94906
Lincoln, NE 68509

Amount: $5.00 Per Release Form whether both Central Registries are marked or only one
Payment: Only Check or Money Order accepted. No cash. Make checks payable to "Department of Health and Human Services"
Note: If your Release Form is sent back as Incomplete, another payment of $5.00 is required