



REQUEST FOR RELEASE OF ASSESSMENT INFORMATION

State Form 55671 (9-14)
DEPARTMENT OF CHILD SERVICES

DEPARTMENT OF CHILD SERVICES - MS08
CENTRAL OFFICE BACKGROUND CHECK UNIT
302 W. Washington Street, Rm. E306
Indianapolis, IN 46204
E-mail: Background.CheckUnit@dcs.IN.gov

INSTRUCTIONS: This form must be completed by the director of a child caring institution, group home, secure private facility, or licensed child placing agency. Please scan and e-mail this form using your official facility e-mail address to the Department of Child Services Central Office Background Check Unit (COBCU) at Background.CheckUnit@dcs.IN.gov or mail to the address above.

Pursuant to IC 31-33-18-2, the Indiana Department of Child Services (DCS) is permitted to disclose a copy of the approved *Assessment of Alleged Child Abuse or Neglect Report (State Form 113 / CW311)* to the director of a 1) child caring institution, 2) group home, or 3) secure private facility (collectively referred to as "facility") when a Child Abuse and/or Neglect assessment is completed if the allegations occurred at the facility and involved a facility employee, a volunteer, or a child placed at the facility.

Additionally, DCS is permitted to disclose a copy of the approved *Assessment of Alleged Child Abuse or Neglect Report (State Form 113 / CW311)* to the director of a licensed child placing agency (LCPA) when a Child Abuse and/or Neglect assessment is completed if the allegations occurred in the foster family home or in the course of employment or volunteering and involved a LCPA foster parent, an employee, a volunteer, or a child placed in an LCPA foster home.

The *Assessment of Alleged Child Abuse or Neglect Report (State Form 113 / CW311)* can be released to the facility or LCPA even if the child is removed prior to the completion of the assessment. (See DCS Policy 2.6.)

Type of Agency (Check One):

- Child Caring Institution Licensed Child Placing Agency Group Home Secure Private Facility

Name of agency

Address of agency (number and street, city, state, and ZIP code)

Name of person requesting information

Title

Telephone number

E-mail address

()

Name(s) of child(ren)

Name of alleged perpetrator

Date of incident (month, day, year)

I hereby certify that I am permitted to obtain the requested approved *Assessment of Alleged Child Abuse or Neglect Report (State Form 113 / CW311)* pursuant to IC 31-33-18-2. I agree to maintain the confidentiality of any and all personally identifiable information, concerning any individual, which I receive from the Department of Child Services or any agent or employee of the Department. I will not share or provide, in any manner, any confidential or personally identifiable information gathered, accessed, or obtained by me without the express written consent of the Department. I understand and acknowledge that any and all information obtained during the course of my involvement with the Department of Child Services is CONFIDENTIAL, pursuant to Indiana Code 31- 31-18 *et. seq.* I understand that any unauthorized disclosure of any confidential and/or protected information may constitute a criminal misdemeanor for which I may be prosecuted.

Signature

Date signed (month, day, year)

Printed name