

INSTRUCTIONS
OHIO SACWIS REGISTRY ON CHILD ABUSE AND NEGLECT
ALLEGED PERPETRATOR SEARCH REQUEST

The SACWIS Registry Search Request Form must be typewritten.

Questions about the SACWIS Registry on Child Abuse and Neglect may be directed to [SACWIS Registry Request@jfs.ohio.gov](mailto:SACWIS_Registry_Request@jfs.ohio.gov) or call 614-752-1298.

Office Hours: M-F 8:00 A.M. to 5:00 P.M

PURPOSE

Identify the purpose of the SACWIS alleged perpetrator request. Only one of the following may be selected:

ADOPTION/FOSTER PARENTING	VOLUNTEER WORK	EMPLOYMENT (EXCLUDING CHILD CARE)	OTHER
Individual or an out-of-state children services agency seeking SACWIS Registry information for the approval of foster parenting or adoption.	Individual requesting SACWIS Registry information to volunteer at an agency.	Individual requesting SACWIS Registry search to present for employment.	Out -of-state children services agency requesting history due to current involvement. Other reason not listed in other options.

IDENTIFICATION

NAME OF APPLICANT

Enter **FIRST NAME, MIDDLE NAME and LAST NAME.**

PREVIOUS NAMES

Enter **MAIDEN NAME, PREVIOUS MARRIED NAMES, AKAs, ALIASES, NICKNAMES).**

CURRENT ADDRESS

Enter the physical address where you currently reside.

9-DIGIT SOCIAL SECURITY NUMBER

Enter 9-digit SOCIAL SECURITY NUMBER. Partial SS#s are not accepted.

I AM NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER

Select if you do not have a social security number AND you are not eligible for a social security number. Explain why you are not eligible for a social security number. You will be contacted for additional information.

DATE OF BIRTH

Enter **DATE OF BIRTH** format as **MM/DD/YYYY.**

GENDER

Select **MALE** or **FEMALE.**

RACE

Select the race(s), as appropriate.

CONTACT and HOUSEHOLD

CONTACT INFORMATION

Enter **HOME PHONE NUMBER, CELL PHONE NUMBER, E-MAIL ADDRESS**

LIST PREVIOUS HOME ADDRESSES (WITHIN THE LAST 10 YEARS)

List all addresses where you have resided from the last ten years.

LIST ALL CHILDREN ASSOCIATED WITH THE APPLICANT AND ANY OTHER PEOPLE CURRENTLY IN THE HOUSEHOLD

- Identify all of your biological/adopted children (regardless if they are living in your home or are over 18 years of age.)
- List all individuals currently residing with you.
- Identify the relationship of all individuals listed to you: (son, mother-in-law, uncle).
- Check the names of all individuals currently residing in your home.

Please contact [SACWIS Registry Request@jfs.ohio.gov](mailto:SACWIS_Registry_Request@jfs.ohio.gov) if more space is needed to include all associated children and adults in the household.

Consent and Signature

Pursuant to Ohio Law and administrative code, before signing this form, I have read, or someone has read to me, the instructions to complete a SACWIS Registry search request. I certify that the information above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally submits false information on this form commits a Misdemeanor of First Degree. This statement must be checked in order for a search to be conducted.

SIGNATURE, DATE

The applicant's signature and date of signature must be completed in order for a search to be conducted.

The applicant may opt for digital signature or to sign the request manually.

COMPLETING AND SUBMITTING THE REQUEST

The signed request must be accompanied by a government-issued document that confirms your Social Security number and one other form of appropriate photo Identification.

Appropriate documents to confirm your Social Security Number include the following:

- A copy of your official Social Security card issued by the Social Security Administration.
- A 2017 or 2018 W-2 wage and tax statement, displaying full Social Security Number. Wage and tax details may be crossed out on the W-2 form; your name and 9-digit Social Security Number is all that needs to be revealed on the statement.
- A Social Security Administration 1099 form that displays your completed Social Security Number, but must not be handwritten.
- A receipt from the from the Social Security Administration that you have applied for a new or replacement Social Security card. The receipt will display your 9-digit Social Security Number.

Appropriate documents to submit for your second form of identification include the following:

- Standard DL-ID or Compliant DL-ID Driver License or State Identification card.
- Birth Certificate.
- U.S. Visa (travel passport).

Requests must include copies of two appropriate IDs, as noted above and submitted via United States Postal Service or E-mail.

Email:	United States Postal Service:	Overnight Delivery Address (USPS, Fed Ex, UPS):
SACWIS Registry Request@jfs.ohio.gov	SACWIS Registry Search Request	Ohio Department of Job and Family Services
Subject Line: Last Name, AP Search Request	Ohio Department of Job and Family Services	SACWIS Registry Search Request
	P.O. Box 183204	4200 E. Fifth Avenue, 2 nd Floor
	Columbus, OH 43218-3204	Columbus, OH 43219

Searches are processed in the order received and the individual should allow 30 days for results to be returned to them. Please be advised that search results for an individual are sent directly to the individual's home address. Search results will not be returned to a third party.

OHIO STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM ALLEGED PERPETRATOR SEARCH REQUEST

PURPOSE

- ADOPTION/FOSTER PARENTING
 VOLUNTEER WORK
 EMPLOYMENT
 OTHER
(Excludes Child Care)

NAME OF APPLICANT (Forms must be typewritten. Any handwritten forms will be returned for correction.)

<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

PREVIOUS NAMES <small>(Maiden name, AKA, Aliases, Nicknames)</small>	CURRENT ADDRESS <small style="float: right;">Apt.#</small>

CITY	STATE	ZIP CODE

9 DIGIT SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male

I am not eligible for a Social Security card. (You will be contacted for additional information.)
Explain why you are not eligible:

RACE Please check one answer

- | | | |
|--------------------------------|-----------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Alaska Native/American Indian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |

CONTACT INFORMATION <small>Home phone number</small>	<small>Cell phone number</small>	<small>Email address</small>

LIST PREVIOUS ADDRESSES (Within last 10 years)

LIST ALL CHILDREN ASSOCIATED WITH APPLICANT AND ANY OTHER PEOPLE IN THE HOUSEHOLD

<small>Name (first name, middle name, last name)</small>	<small>Date of Birth</small>	<small>Relationship to Applicant</small>	<small>CK if residing in home</small>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Pursuant to Ohio Law and administrative rule, I have read, or someone has read to me, the instructions to complete a SACWIS registry request before signing this form. I certify that the information above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally submits false information on this form commits a Misdemeanor of First Degree.

Signature _____ Date _____

**Private Agency Requests and Out-of-State Requests
Complete the Following**

Requesting Agency Information			
<i>Agency Name</i>	<i>Representative Name and Title</i>		
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone</i>	<i>Fax</i>	<i>Email</i>	
<i>SACWIS ID</i>	<i>Any History Known</i>		
<i>Additional information:</i>			