

**OHIO STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM  
ALLEGED PERPETRATOR SEARCH REQUEST**

**PURPOSE**

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

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

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

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

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

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

**I am not eligible for a Social Security card.** *(You will be contacted for additional information.)*

**Explain why you are not eligible:**

**RACE** *Prefer not to answer*

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

<b>CONTACT INFORMATION</b> <i>Home phone number</i>	<i>Cell phone number</i>	<i>Email address</i>

**LIST PREVIOUS ADDRESSES (Within last 10 years)**


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

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

<b>Requesting Agency Information</b>			
<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>			