

I, _____, give permission for the release of information concerning

(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)*TERRY ATWATER Phone 316-371-4691
Agency name: IT TAKES A VILLAGE
Agency mailing address: P.O. BOX 8172, WICHITA, KS 67208

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address: _____

Street City State Zip Code

DOB: / / SS#: - - Sex: M or F

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. ____ Yes ____ No

Signature: _____ Date: / /

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

RETURN TO: Adult Abuse Registry, 555 S. Kansas Ave, Topeka, Kansas 66603-3444

FOR PPS ADMINISTRATION USE ONLY:	
Record found?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, finding: <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Fiduciary Abuse (check all that apply)	
"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.	
Perpetrator's Name: _____	
Region: _____	Date Substantiated: _____
Initial: _____	Date: _____