



Rhode Island Child Abuse Registry Search – Clearance Request Form

Summary – The state of Rhode Island requires an Information Release form to be filled out and returned to First Advantage.

The “RI Clearance Request/Results” form needs to be completed by the applicant and submitted to First Advantage.

There are two sections to this form.

Section 1. Candidate Information – The candidate should complete this section. Please print clearly with black ink and do not omit any fields.

Note: Facility Name & Address, Facility Email Address, Facility Phone and Information Release sections have been pre-populated, the Candidate should NOT alter these sections.

Section 2. Background Check Results – To be completed by Rhode Island Department of Children Youth and Families (DCYF) who will return the information to First Advantage.

Please do not send fee to State OR First Advantage, as that will be provided to the State separately by First Advantage.

How to Submit the Forms to First Advantage

Please ensure your name is clearly written on the form and Fax: (317) 982-5512 OR Email to: abreg.results@fadv.com



STATE OF RHODE ISLAND
Department of Children, Youth and Families
101 Friendship Street
Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: **"General Treasurer State of Rhode Island"** – a personal check or cash is not accepted. Requests submitted without payment **will not** be processed.

Facility Name & Address:

☐ Please indicate if subsequent

First Advantage Background Services Corp.
480 Quadrangle Blvd., Bolingbrook, IL 60440

Facility E-mail address: Abreg.results@fadv.com

Facility Phone #:

Please indicate: ☐ Prospective Childcare operator or employee ☐ Foster Care provider
☐ Non-DCYF Adoption ☐ Employment ☐ Community Agency Volunteers who have
supervisory authority over children without the presence of others ☐ Volunteer in a daycare
setting ☐ Child Care and Community Agency Volunteers who **do not** have supervisory
authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to First Advantage Background Services Corp.
information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I
understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of
this check may be used by the Department or the facility in determining my suitability for employment in a Child
Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results or ninety
(90) days after the date of this authorization appearing below. Any information released and/or received as a result
of this consent shall not be further relayed in any way to any person or organization outside of the Department
without additional consent except as provided by statute.

Signature of Applicant

Date of Birth

Date of Authorization

Last Name

First Name

Middle

Maiden

Address

& Street

City/Town

State

Zip Code

BACKGROUND CHECK RESULTS (to be completed by DCYF staff)

RICHIST: ☐ No Prior Contact

Case ID or Person ID: _____ Case Name: _____ States: ☐ Active ☐ Closed

Investigation #

Level

Status

Name

Involvement

Allegations

MASTERFILE:(Prior to 1984)

☐ No prior Involvement