For the sake of brevity terms have been omitted

MANDATED REPORTER — Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

AR State Police Crimes Against Children Division (CACD) Employee

Attorney ad litem in the course of his or her duties as an attorney ad litem

Child abuse advocate or volunteer

Child advocacy center employee

Child Care center worker

Child Care worker

Child safety center employee

Clergyman*

Coroner

Court Appointed Special Advocate (CASA) program staff or volunteer

Dental hygienist

Dentist

Department of Human Services employee

Domestic abuse advocate

Domestic violence shelter employee

Domestic violence volunteer

Employee working under contract for the Division of Juvenile Services

Foster care worker

Foster parent

Judge

Juvenile intake or probation officer

Law enforcement official

Licensed nurse

Medical personnel who may be engaged in admission, examination, care, or treatment of persons

Mental health professional

Osteopath

Peace officer

Physician

Prosecuting attorney

Rape crisis advocate or volunteer

Resident intern

School counselor

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School official**

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Sexual abuse advocate or volunteer

Social worker

Surgeon

Teacher

Victim assistance professional or volunteer

Victim/witness coordinator

*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

** "School Official" means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official.

SCHOOL -- Any: (1) Elementary school, junior high school, or high school; (2) Technical institute or post-secondary vocational-technical school; or (3) Two-year or four-year college or university.

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Deleted: means any person authorized by the school to exercise authority over students

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MANDATED REPORTER — Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

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Attorney ad litem in the course of his or her duties as an attorney ad litem

Child abuse advocate or volunteer

Child advocacy center employee

Child Care center worker

Child Care worker

Child safety center employee

Clergyman*

Coroner

Court Appointed Special Advocate (CASA) program staff or voluntees

Dental hygienist

Dentist

Department of Human Services employee

Domestic abuse advocate

Domestic violence shelter employee

Domestic violence volunteer

Employee working under contract for the Division of Juvenile Services

Foster care worker

Foster parent

Judge

Juvenile intake or probation officer

Law enforcement official

Licensed nurse

Medical personnel who may be engaged in admission, examination, care, or treatment of persons

Mental health professional

Osteopath

Peace officer

Physician

Prosecuting attorney

Rape crisis advocate or volunteer

Resident intern

School counselor

School official**
Sexual abuse advocate or volunteer
Social worker
Surgeon
Teacher
Victim assistance professional or volunteer
Victim/witness coordinator

*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

**"School Official" means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official.

<u>SCHOOL</u> -- Any: (1) Elementary school, juniol high school, or high school; (2) Technical institute or postsecondary vocational-technical school; of (3) Two-year or four-year college or university.





To:	1000-11
Address:	
From:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Offender:	
	Arkansas State Police Crimes Against Children Division received an ng the above named person. The incident was reported on (date)
offender's name should be placed in the Ch Based on the preponderance of the evidence and the offender's name should not be place. The type(s) of maltreatment involved: Please note that the alleged offender has a right to	e, the investigative agency determined the allegation to be true, and the hild Maltreament Central Registry. e, the investigative agency determined the allegation to be true, but exempt, ed in the Child Maltreatment Central Registry. contest the agency investigation determination by requesting an the investigative determination. The alleged offender's name will not be until the later of: g request; or
	CACD INVESTIGATOR PRINTED NAME
	CACD INVESTIGATOR SIGNATURE



То:	
Address:	
From:	
Phone:	
County Office:	
Date: Re: Name of Alleged Offender:	CHRIS Referral #
	ansas State Police Crimes Against Children Division received an the above named person. The incident was reported on (date)
Pursuant to Arkansas Code Ann. §12-18-708, this is	
offender's name should be placed in the Child	the investigative agency determined the allegation to be true, and the Maltreatment Contral Registry.
Based on the preponderance of the evidence, the and the offender's name should not be placed in the type(s) of maltreatment involved:	he investigative agency determined the allegation to be true, but exempt, in the Child Maltreatment Central Registry.
Please note that the alleged offender has a right to cor	ntest the agency investigation determination by requesting an investigative determination. The alleged offender's name will not be till the later of:
(A) The expiration of 30 days without a hearing red (B) The day the administrative law judge upholds to	
	CACD INVESTIGATOR PRINTED NAME
	CACD INVESTIGATOR SIGNATURE



To: Address:						
Paul VSS.						
From:						
Phone:						
County Office:						
Date:	CHRIS Referral #					
Re: Name of Alleged Offender:		_				
The Division of Children and Family Services or Arkansa allegation of suspected child maltreatment involving the a	s State Police Crimes Against Children Division received an above named person. The incident was reported on (date)					
Pursuant to Arkansas Code Ann. §12-18-708, this is your	notice or confirmation that:					
Based on the preponderance of the evidence, the in	exestigative agency determined the allegation to be true, and the					
offender's name should be placed in the Child Mal	treatment Central Registry.					
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.						
The type(s) of maltreatment involved:						
Please note that the alleged offender has a right to contest administrative hearing within 30 days of notice of the invi- placed on the Child Maltreatment Central Registry until the	estigative determination. The alleged offender's name will not be					
(A) The expiration of 30 days without a hearing reques (B) The day the administrative law judge upholds the 1	st: or					
		_				
<i>(</i> /	CACD INVESTIGATOR PRINTED NAME					
	CACD INVESTIGATOR SIGNATURE					
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CACD_222_T (R_02/2012)			Deleted: 1			



To: Address:			
From:			
Phone:			
County Office:			
Date:	CHRIS Referral #		
Re: Name of Alleged Offender:			
	as State Police Crimes Against Children Division received an above named person. The incident was reported on (date)	•	
Pursuant to Arkansas Code Ann. §12-18-708, this is you	notice or confirmation that:		
offender's name should be placed in the Child Ma	MARCO AND THE STATE OF THE STAT		
Based on the preponderance of the evidence, the in and the offender's name should not be placed in the	vestigative agency determined the allegation to be true, but exempt, e Child Maltreatment Central Registry.		
The type(s) of maltreatment involved .			
Please note that the alleged offender has a right to contes administrative hearing within 30 days of notice of the inv placed on the Child Maltreatment Central Registry until t (A) The expiration of 30 days without a hearing reque (B) The day the administrative law judge upholds the	estigative determination. The alleged offender's name will not be the later of:		
	CACD INVESTIGATOR PRINTED NAME		
	CACD INVESTIGATOR SIGNATURE		
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		- 1//	Deleted: I
CACD-222-T (R. 02/2012)		4	



Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)

The.	·
To: Address:	
Address:	
	
From:	
Title:	
Phone:	
County Office:	
Date:	CHRIS Returnat#
Re: Name of Alleged Offender:	
Name of Alleged Victim:	
The Arkansas State Police Crimes Against Children Division receive	
Involving you at some point during the time you were 13 through 17 years.	ars of age. The moldent was reported on (date)
Please review the information below that is next to the box that is check pertains to you and your case.	ked. Unly the information next to the checked box
Pursuant to A.C.A. 12-18-703, this notice is to inform you	than based on the preponderance of the evidence, the
investigative agency determined the allegation to be true. Bec	cause you have been named as a juvenile offender and
have also been adjudicated delinquent or have pleaded guilty, the same set of facts contained in the report you	ill automatically have an administrative hearing.
The juvenile offender or the parent can decline the automatic	administrative hearing by submitting a signed request
to: Office of Appeals & Hearing, SLOT N401, P.O. Box 143' conducted telephonically, unless the offender, his parent, gr	/, Little Rock, AR /2203. Administrative hearings are nardian, or attorney asks that the hearing be held in
person. The request for an in-person hearing must be made w	
Appeals & Hearing (see address listed above).	
If the hearing is waived, the offender name will be placed of Under Arkansas law, persons listed on the Child Maltreatment	
identified upon request to certain classes of public and private	persons, including employers and volunteer agencies.
As a result, one's employment or ability to provide voluntee placed on the Child Maltreatment Central Registry. If one's	
Registry, under certain-or cumstances, one's name may be au	
have their name removed after one year.	
The alleged offender's name will not be placed on the Child waiver of the automatic hearing or the day the administrative l	
To obtain a copy of the investigative report, send a \$10.00 c	
request to the Division of Children & Family Services, Centa Rock, AR 72203. The request must contain your name, addre	
You have the right to an attorney. If you cannot afford one, con	ntact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to be Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the rue investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check of money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

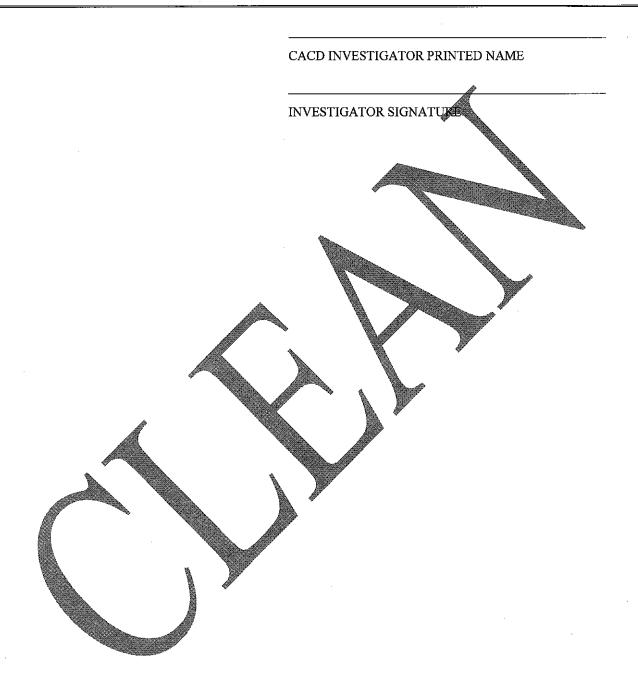
Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, 7.0. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.





Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)

То:	
Address:	
From:	
Title:	
Phone:	
County Office:	
Date: CHRIS Referral #	
Re: Name of Alleged Offender: Name of Alleged Victim:	
The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date)	
The type of maltreatment was	Deleted: ¶ Pursuant to Arkansas Code Ann. §12-18-703 this is
Please review the information below that is next to the box that is checked. Only the information next to the checked box	your notice that based on the preponderance of the
pertains to you and your case.	evidence, the investigative agency determined the allegation to be true and your name should be placed
	in the Child Maltreatment Central Registry.
Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and	Formatted: Font: 10 pt
have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on	
the same set of facts contained in the report, you will automatically have an administrative hearing.	
The juvenile offender or the parent can decime the automatic administrative hearing by submitting a signed request	
to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in	
person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of	
Appeals & Hearing (see address listed above).	
If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are	
identified upon request to certain classes of public and private persons, including employers and volunteer agencies.	
As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central	
Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to	
have their name removed after one year.	
The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.	
To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little	
Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.	
You have the right to an attorney. If you cannot afford one, contact Legal Services.	
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	// Deleted: 9
CACD 223-TA (R. 02/2012)	as described in

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Mahreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check of money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansa's law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

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Deleted: Juveniles, 13 to 17 years old, at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of the receipt of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.

You have the right to an attorney; if you cannot afford one you should contact Legal Services.¶

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT \$566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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INVESTIGATOR SIGNATURE

INVESTIGATOR SIGNATURE

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Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To:	
Address:	
From:	
Address:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Underag Name of Victim: _	ed Juvenile Offender:
child maltreatment ider reported on the following Pursuant to A.C.A. §12 investigative agency de Juvenile Offender, you to his or her age. Since your child so name automatic administration request within 30 days AR 72203. Administration attorney asks for that he 30 days of this notice at	as State Police Crimes Against Children Division, received an allegation of suspected atifying your child as an alleged offender. The allegation stated that the incident was an end date: -18-704, this letter is to notify you that based on the preponderance of the evidence, the termined the allegation to be true. Although your child has been named as an Underaged child's name will not be placed in the Arkansas Child Maltreatment Central Registry due a will not placed on the Child Maltreatment Central Registry, your child will not have an a hearing. However, you may ask for an administrative hearing by submitting a signed of this notice to Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, tive hearings are conducted telephonically, unless the offender, his parent, guardian, or earing to be held in person. The request for an in-person hearing must also be made with and mailed to the Office of Appeals & Hearing (see addresss listed above). If you cannot afford one, contact Legal Services.
supportive services for	§12-18-1007, the Division of Children and Family Services may offer you and your family which you qualify, should you desire them. Supportive services can provide things like trenting classes, and other assistance or services. Each case is different and the services ary.
If you would like to recand your family, please	eive supportive services, or would like more information on the services available to you contact your local county office, listed above.

CACD INVESTIGATOR PRINTED NAME
INVESTIGATOR SIGNATURE



Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To:				
Address:				
From:				
Address:				
Phone:				
County Office:				
Date:	CHRIS Referral #			
Re: Name of Undera	ged Juvenile <u>Offende</u> r:		Deleted: Aggresso)
Name of Victim:				
	The State of the S			
On the Arka	nsas State Police Crimes Against Children Division, received an allegation of suspected artifying your child as an alleged offender. The allegation stated that the incident was			
reported on the follow	ing date:			
•				 ,
Pursuant to A.C.A. §1	2-18-704, this letter is to notify you that based on the preponderance of the evidence, the		Deleted: T	
Investigative agency of	etermined the allegation to be true. Although your child has been named as an Underaged in child's name will not be placed in the Arkansas Child Maltreatment Central Registry due			
to his or her age.			,	
Since your child's nar	ne will not placed on the Child Maltreatment Central Registry, your child will not have an ve hearing. However, you may ask for an administrative hearing by submitting a signed			
request within 30 days	of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock,			
AR 72203. Administra	tive hearings are conducted telephonically, unless the offender, his parent, guardian, or			
attorney asks for that	nearing to be held in person. The request for an in-person hearing must also be made with			
30 days of this notice	and mailed to the Office of Appeals & Hearing (see addresss listed above).			
You have the right to	in attorney. If you cannot afford one, contact Legal Services.			
Pursuant to A.C.A	\$12-18-1007, the Division of Children and Family Services may offer you and your family		Deleted: Arkansas Code Ann	
supportive services to	which you qualify, should you desire them. Supportive services can provide things like arenting classes, and other assistance or services. Each case is different and the services			
available to you may				
	4444 10 2 24 1 9444			
If you would like to re	ceive supportive services, or would like more information on the services available to you e contact your local county office, listed above.			
and your ranning, pleas	C contact your rotal country office, risted above.			
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		1	Deleted: 9	
		1//	Deleted: 1	
CACD-224-TL(R_02/2	012)	4		
, — —		-		

e for your family. The Division sha treatment to your child or the remove	e Division of Children and Family Services may open a protective services il provide services to your family in an effort to prevent additional val of your child from your home.	
	CACD INVESTIGATOR PRINTED NAME	
	INVESTIGATOR SIGNATURE	

CACD-224-T1_(R_02/2012)

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Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians
of Alleged Juvenile Offender 13 through 15 Years of Age

10:			_
Addre	ess:		-
From			
Addre	`		
Auuit			-
Phone	::		- Victorian Control of
	y Office:		
Date:	•		CHRIS Referral #
	ame of Juvenile C)ffender:	
Na	ame of Victim:		
identify	ing your child as an	Crimes Against Children I alleged offender: The alle	Division received an allegation of suspected child maltreatment egation stated that the incident was reported on: The type of
maltrea	tment was .		
Please	review the informati	ion below that is next to th	e bex(es) that is/are checked Only the information next to the checked
box(es)	pertain(s) to your c	hild.	
	Pursuant to A.C.A	12-18-705, this letter	is to inform you that based on the preponderance of the evidence, the
	investigative agen	cy determined the allegati	on to be frue. Because your child has been named as a juvenile offender has pleaded guilty, nolo contendere, or been found guilty of an offense
	on the same set	of facts combined in the	reper your child will automatically have an administrative hearing.
	The alleged juven	ile offender or the parent	can decline the automatic administrative hearing by submitting a signed \$LOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative
	hearings are condi	ucted telephonically, unles	ss the offender, his parent, guardian, or attorney asks that the hearing be
	held in person. Th	ne request for an in-person	n hearing must be made within 30 days of this notice and mailed to the
	Office of Appeals	& Hearing (see address lis	sted above).
	If the handing is y	voived the allender's nan	ne will be placed on the Arkansas Child Maltreatment Central Registry

If the heating is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.
Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.
If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 2203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and marked to the Office of Appeals & Hearing (see address listed above).
If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.
The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing on the day the administrative law judge upholds the true investigative determination. To obtain a copy of the report, send a \$10,00 check or money order along with a written, notarized request to the Division of Children and Family Services, central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR
72203. The request must contain your name, address, and the name(s) of the child(ren) involved. You have the right to an attorney. If you cannot afford one contact Legal Services.
Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary. If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.
Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
CACD INVESTIGATOR PRINTED NAME
INVESTIGATOR SIGNATURE



CACD-224-T<u>2 (R. 02/2012)</u>

ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age, Deleted: Not Adjudicated Delinquent, Not Pleaded Guilty or Not Been Found Guilty of To: Sexual Abuse Offense on Same Set of Facts Contained in Report Address: From: Address: Phone: County Office: CHRIS Referral Date: Deleted: Underaged Re: Name of Juvenile Offender: Name of Victim: The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment Deleted: On identifying your child as an alleged offender. The allegation stated that the incident was reported on. . . The type of Deleted: the following date Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child. Pursuant to A.C.A. \$12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent on has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing. The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held th person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above). If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination. To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Deleted: 5 Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved. Deleted: 9 You have the right to an attorney. If you cannot afford one, contact Legal Services. Deleted: 1

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	Pursuant to A.C.A. § 12-18-704, this letter is to	inform you that based on the preponderance of the evidence, the for sexual abuse to be true. Although your child has been named as a		Formatted: Indent: Left: 0", Hanging: 0.5"
	investigative agency determined the anegation	d's name will not be placed in the Arkansas Child Maltreatment		Deleted: J
	Central Registry due to his or her age (13-15 ve	ars of age) at the time of the allegation and the fact that your child	• • • • • • • • • • • • • • • • • • • •	Deleted: O
	has not been adjudicated delinquent or has not p	pleaded guilty, nolo contendere, or been found guilty of an offense on		
	the same set of facts as contained in the report.			
	Since your child's name will not be placed on t	he registry at this point in time, there will not be an automatic		
	administrative hearing. You may ask for an administrative	ninistrative hearing by submitting a signed, request to: Office of		
	Appeals & Hearing, SLOT N401, P.O. Box 143	37, Little Rock, AR 72203; however, the request will be placed on		
	hold until the conclusion of the investigation ar	d prosecution.		
	If there is a criminal conviction or juvenile adju	dication based on the same set of facts in the report at the conclusion		
	of the criminal investigation, then DHS will ref	er your child for an automatic administrative hearing. The juvenile		
	offender or the parent can decline the automatic	administrative hearing by submitting a signed request to: Office of		
		77. Little Rock, AR 72203. Administrative hearings are conducted guardian, or attorney asks that the hearing be held in person. The		
	request for an in-person hearing must be made	within 30 days of this notice and mailed to the Office of Appeals &		
	Hearing (see address listed above).			
	Yest 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ill be placed on the Arkansas Child Maltreatment Central Registry.		Francisco Colonial Co
	Under Arkansas law persons listed on the Chile	d Maltreatment Central Registry as an offender in a true report are		Formatted: Indent: Left: 0", Hanging: 0.5"
	identified upon request to certain classes of pub	lic and private persons, including employers and volunteer agencies.		
	As a result, one's employment or ability to pro-	ide volunteer services may be adversely affected if their name is		
	placed on the Child Maltreatment Central Regis	stry If one's name is placed on the Child Maltreatment Central me may be automatically removed or one may be able to petition to		
	have their name removed after one year	me may be able to petition to		
	nave then flame removed area one years			
	The alleged offender's name will not be placed	on the Child Maltreatment Central Registry until the receipt of the		
	waiver of the automatic hearing or the day the	dministrative law judge upholds the true investigative determination.		
	To obtain a copy of the report, send a \$10.00 cl	neck or money order along with a written, notarized request to the		Formatted: Indent: Left: 0", Hanging: 0.5"
	Division of Children and Family Services, Cent	ral Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR		
	72203. The request must contain your name, ad	dress, and the name(s) of the child(ren) involved.		
	You have the right to an attorney. If you cannot	afford one contact Legal Services		
	Tourieve the right to disaction by suspice Summer	WALLOW ONLY COMMON DISCHARGE DAY (1990)		•
	1967 10 mg			
□ Pı	ursuant to A (A \$12-18-1007) the Division of C	hildren and Family Services may offer your family		Deleted: Arkansas Code Ann
.811	prortive services for which you qualify, should	you desire them. Supportive services can provide things like tutoring,		
cc	unseling, parenting classes, and other assistance	or services. Each case is different and the services available to you		
m	ay vary. If you would like to receive supportive to and your family, please contact your local cou	services, or would like more information on the services available to	-< <u>-</u> -	Deleted:
	diana your adminy, please contact your total coa	my vince, nated deeve.	وم مرة م	Deleted: ¶
				Deleted:
Pı	rsuant to A & A §12-18-1010, the Division of C	children and Family Services may open a protective services case for		Deleted: ¶
yc ch	our family. The Division shall provide services to ild or the removal of your child from your home	o your family in an effort to prevent additional maltreatment to your	A. C.	Formatted: Indent: Left: 0", Hanging: 0.31", Tab stops: 0.31", Left
01.			1	Deleted:
			•	Deleted: Arkansas Code Ann
		CACD INVESTIGATOR PRINTED NAME		
				Deleted: 5
		INVESTIGATOR SIGNATURE	/	Deleted: 9
				Deleted: 1
$CACD_{-}$	224-T2 (R 02/2012)		15	



Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians of the Alleged Juvenile Offender

(16 through 17 Years of Age)

	, U
To:	
Addres	s
From:	
Title:	
Phone:	
County	Office:
Date:	CHRIS Referral #
D N	
Re: Nai	ne of Alleged Offender:
Nai	ne of Alleged Victim:
The A	kansas State Police Crimes Against Children Division received an allegation of suspected child maltreatmen
involvi	ng the above named person. The incident was reported on (date)
Pursua	nt to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency
determ	ned the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.
The typ	be of maltreatment was .
	es, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an
admini	strative hearing. The invenile offender or the parent can decline the automatic administrative hearing by submitting a
signed	request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative s are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in
nearing person.	The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals
& Hear	ing (see address listed above)
If the h	earing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law
persons	listed in the Child Maltreatment Contral Registry as an offender in a true report are identified upon request to certain
classes	of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry
If one'	s name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be
automa	tically removed or one may be able to petition to have their name removed after one year.
	eged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver o
the auto	omatic hearing or the day the administrative law judge upholds the true investigative determination.
To obta	ain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to
the Div	rision of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203
	quest must contain your name, address and the names of the child(ren) involved.
You ha	ve the right to an attorney. If you cannot afford one, contact Legal Services.
	Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive
	services for which you qualify, should you desire them. Supportive services can provide things like tutoring,
	counseling, parenting classes, and other assistance or services. Each case is different and the services available to

you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above. Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home. INVESTIGATOR SIGNATURE CACD INVESTIGATOR PRINTED NAME



Child Maltreatment True Investigative Determination Notice to	Formatted: Centered
Legal Parents and Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)	Deleted: 3
\ 	
To:	
Address:	
From:	
Title:	
Phone:	
County Office:	
Date: CHRIS Referral #	
Re: Name of Alleged Offender:	
Name of Alleged Victim:	
The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)	
Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.	Deleted: Arkansas Code Ann
The type of maltreatment was	Deleted: 3
Juveniles, 16 to 17 years old at the time of the act of omission that resulted in the true finding will automatically have an	Deleteu: 3
administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative	
hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in	
person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).	
If the hearing is waived the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law,	
persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain	
classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry.	Deleted: their
If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be	Deleted: your
automatically removed or one may be able to petition to have their name removed after one year.	Deleted: your
The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of	Deleted: you
the automatic hearing or the day the administrative law judge upholds the true investigative determination.	Deleted: You have the right to an attorney; if you
To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203.	cannot afford one you should contact Legal Services.
The request must contain your name, address and the names of the child(ren) involved.	
You have the right to an attorney. If you cannot afford one, contact Legal Services.	Formatted: Tab stops: 1.42", Right + 1.5", Left + 2.13", Left + 2.75", Right + 4.75", Left + 6.88", Right
	Formatted: Tab stops: 1.42", Right + 1.5",
Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive	Left + 2.13", Left + 2.75", Right + 4.75", Left + 6.88", Right
services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to	
you may vary.	Deleted: 1
	Deleted: 1
(AAOD 004 T2 (B. 00/0012)	, (

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

Deleted:	1	

Deleted: 9

Deleted: 1



To:	<u>. </u>
Address:	·
From:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Offender:	
	sas State Police Crimes Against Children Division received an e above named person. The incident was reported on (date)
offender's name should be placed in the Child M Based on the preponderance of the evidence, the and the offender's name should not be placed in The type(s) of maltreatment involved. Please note that the alleged offender has a right to conte	investigative agency determined the allegation to be true, and the lattreatment Central Registry. investigative agency determined the allegation to be true, but exempt, the Child Maltreatment Central Registry. est the agency investigation determination by requesting an investigative determination. The alleged offender's name will not be the later of:
	DCFS INVESTIGATOR PRINTED NAME
	INVESTIGATOR SIGNATURE



То:			
Address:			
From:			
Phone:			
County Office:			
Date:	CHRIS Referral #		
Re: Name of Alleged Offender:			
The Division of Children and Family Services or Arkans allegation of suspected child maltreatment involving the	as State Police Crimes Against Children Division received an above named person. The incident was reported on (date)		
Pursuant to Arkansas Code Ann. §12-18-708, this is you	notice or confirmation that:		
Based on the preponderance of the evidence the offender's name should be placed in the Child Ma	rvestigative agency determined the allegation to be true, and the treatment Central Registry.		
Based on the preponderance of the evidence, the in and the offender's name should not be placed in the	vestigative agency determined the allegation to be true, but exempt, e Child Maltreatment Central Registry.		
The type(s) of maltreatment involved			
(B) The day the administrative law judge upholds the	true investigative determination.		
		:	
	DCFS INVESTIGATOR PRINTED NAME		
	INVESTIGATOR SIGNATURE		
		/	Deleted: 3
		//	Deleted: 9 Deleted: 1
CFS-222-T (R_02/2012)		المراكب	Paratent 1



Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)

To:	
Address	S:
From:	
Title:	
Phone:	
County	Office:
Date:	CHRIS Referrat#
Re: Nar	ne of Alleged Offender:
	e of Alleged Victim:
allegation The inci Please re	ision of Children and Family Services or Arkansas State Police Crimes Against Children Division received an on of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. dent was reported on (date) The type of maltreatment was eview the information below that is next to the box that is checked. Only the information next to the checked box to you and your case.
	Pursuant to A.C.A. § 12-18-703, this letter as to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been administrated delinquent or have pleaded guilty, noto contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above). If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

have their name removed after one year.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Malifeatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401 P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE





Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)

To:		
Address:		
		,
From:		
Title:		
Phone:		•
County Office:		
Date: CHRIS Referral #		
Date:		
Re: Name of Alleged Offender:		
Name of Alleged Victim:		
The Division of Children and Family Services or Arkansas State Police, Crimes Against Children Division received an		Deleted: 's
allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age.		
The incident was reported on (date)The type of maltreatment was		Deleted: ¶
Please review the information below that is next to the box that is checked. Only the information next to the checked box		Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the
pertains to you and your case.		evidence, the investigative agency determined the
A District of the Control of the Con	ι,	allegation to be true and your name should be placed in the Child Maltreatment Central Registry.
Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the	***	Formatted: Font: 8 pt
investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and	٠	Formatted: Font: 10 pt
have also been adjudicated delinquent or have pleaded guilty, noto contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.		(Tornation) one to pe
the same set of facts contained in the report, you will automatically have an administrative hearing.		
The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request		
to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are		
conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of		
Appeals & Hearing (see address listed above).		
If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry.		
Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are		
identified upon request to certain classes of public and private persons, including employers and volunteer agencies.		
As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central		
Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to		
have their name removed after one year.	•	
The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the		
waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.		
To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized		
request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little		
Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.		
You have the right to an attorney. If you cannot afford one, contact Legal Services.		
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CFS 22 <u>3</u> -T4 (<u>R. 02/</u> 201 <u>2</u>)	<i>.</i> /	

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203, Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Pamily Services, Contral Registry Unit, P.O. Box 1437, SLOT \$566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703 this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juventles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent van decline the automatic administrative hearing by submitting a, signed request to:

Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT \$566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

CFS 223-T4 (R. 02/2012)

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Deteted: Juveniles, 13 to 17 years old, at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rook, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of the receipt of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.¶

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE,

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SI.OT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

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Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To:		•
Address:		
From:		
Address:		
Phone:		
County Office: Date:	@HRIS Referral #	
Date:		
Re: Name of Underag	ged Juvenile Offender:	
Name of Victim:		
allegation of suspected	sion of Children and Family Services or Crimes Against d child maltreatment identifying your child as an alleged ted on the following date:	Children Division, received an offender. The allegation stated that
evidence, the investigat	Code Ann. §12-18-704, this letter is to notify you that bative agency determined the allegation to be true. Although Offender, your child's name will not be placed in the A o his or her age.	igh your child has been named as
automatic administrative request within 30 days AR 72203. Administration attorney asks for that he	will not placed on the Child Maltreatment Central Regive hearing. However, you may ask for an administrative sof this notice to: Office of Appeals and Hearing, SLOT ative hearings are conducted telephonically, unless the of hearing to be held in person. The request for an in-person and mailed to the Office of Appeals & Hearing (see address)	hearing by submitting a signed N401, P.O. Box 1437, Little Rock, ffender, his parent, guardian, or hearing must also be made with
You have the right to a	an attorney. It you cannot afford one, contact Legal Serv	ices.
supportive services for	. §12-18-1007, the Division of Children and Family Server which you qualify, should you desire them. Supportive parenting classes, and other assistance or services. Each covery.	services can provide things like
If you would like to recand your family, please	seceive supportive services, or would like more informations se contact your local county office, listed above.	on on the services available to you

S INVESTIGATOR PRINTED NAME STIGATOR SIGNATURE
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Arkansas Department of Human Services Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

	•
To:	
Address:	
From:	
Address:	•
Phone: County Office:	
Date: CHRIS Referral #	
Re: Name of Underaged Juvenile Offender:	Deleted: Aggresso
Name of Victim:	
On the Division of Children and Family Services or Crimes Against Children Division, received an	
allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date:	
Pursuant to Arkansas Code Ann. §12-18-704 this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as	Deleted: T
an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment	
Central Registry due to his or her age	
Since your child's name will not placed on the Child Maltreatment Central Registry, your child will not have an	
automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock,	
AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or	
attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with	
30 days of this notice and mailed to the Office of Appeals & Hearing (see addresss listed above).	
You have the right to an attorney. If you cannot afford one, contact Legal Services.	
Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family	Deleted: Arkansas Code Ann.
supportive services for which you qualify, should you desire them. Supportive services can provide things like	
tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.	
If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.	
and join laining, preuse contact your room county office, more according	Deleted 2
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CFS-224-T1.(R. 02/2012)	
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Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may case for your family. The Division shall provide services to your family in an effort to p	revent additional
maltreatment to your child or the removal of your child from your home	Deleted:
DCFS INVESTIGATOR PRINTE	D NAME
INVESTIGATOR SIGNATURE	

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Arkansas Department of Human Services Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to

Legal Parents and Legal Guardians
of Alleged Juvenile Offender 13 through 15 Years of Age

or rinogou suve	and Officially 15 through 15 feats of rigo
То:	···········
Address:	
From:	
Address:	
Phone:	
County Office:	
Date:	CHRIS Referral #
	CIRGS REPORT
Re: Name of Juvenile Offender:	
Name of Victim:	
Name of victim.	
The Division of Children and Family Services of	Crimes Against Children Division received an allegation of suspected child
	offender. The allegation stated that the incident was reported on .
The type of maltreatment was .	
Please review the information below that is next	to the box(es) that is/are checked. Only the information next to the checked
box(es) pertain(s) to your child.	to the of a state that is the cheeked. Only the information next to the cheeked
* * * * * * * * * * * * * * * * * * * *	

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guitty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, \$1.00 N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons tisted on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

	Pursuant to A.C.A. § 12-18-704, this letter is to inform you the investigative agency determined the allegation for sexual abut juvenile offender, at this point in time your child's name will Central Registry due to his or her age (13-15 years of age) at has not been adjudicated delinquent or has not pleaded guilty the same set of facts as contained in the report.	se to be true. Although your child has been named as a not be placed in the Arkansas Child Maltreatment the time of the allegation and the fact that your child
	Since your child's name will not be placed on the registry at a administrative hearing. You may ask for an administrative he Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Roch hold until the conclusion of the investigation and prosecution	aring by submitting a signed, request to: Office of AR 72203; however, the request will be placed on
	If there is a criminal conviction or juvenile adjudication base of the criminal investigation, then DHS will refer your child offender or the parent can decline the automatic administrative Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock telephonically, unless the offender, his parent, guardian, or at request for an in-person hearing must be made within 30 days. Hearing (see address listed above).	or an automatic administrative hearing. The juvenile e hearing by submitting a, signed request to: Office of AR 72203 Administrative hearings are conducted torney asks that the hearing be held in person. The
	If the hearing is waived, the offender's name will be placed of Under Arkansas law, persons listed on the Child Maltreather identified upon request to certain classes of public and prival As a result, one's employment or ability to provide volunteer placed on the Child Maltreatment Central Registry. If one's registry, under certain circumstances, one's name may be authore their name removed after one year.	t Central Registry as an offender in a true report are persons, including employers and volunteer agencies. Services may be adversely affected if their name is ane is placed on the Child Maltreatment Central
	The alleged offender's name will not be placed on the Child waiver of the automatic hearing or the day the administrative	law judge upholds the true investigative determination.
	To obtain a copy of the report, send a \$10.00 check or money Division of Children and Family Services, Central Registry U 72203. The request must contain your name, address, and the	nit. P.Ø. Box S566, SLOT S566, Little Rock, AR name(s) of the child(ren) involved.
	You have the right to an attorney. If you cannot afford one, c	ontact Legal Services.
Pursuant to A.C.A. §12-18-100% the Division of Children and Fam services for which you qualify, should you desire them. Supportive counseling, parenting classes, and other assistance or services. Each you may vary.		ortive services can provide things like tutoring,
	If you would like to receive supportive services, or would like your family, please contact your local county office, listed at	e more information on the services available to you and ove.
	Pursuant to A.C.A. §12-18-1010, the Division of Children an for your family. The Division shall provide services to your your child or the removal of your child from your home.	d Family Services may open a protective services case family in an effort to prevent additional maltreatment to
	DCFS INV	ESTIGATOR PRINTED NAME
	INVESTIG	ATOR SIGNATURE



Arkansas Department of Human Services Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to	- ///	Deleted:
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of Alleged Juvenile Offender 13 through 15 Years of Age,	g.	Contained
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From:	- 111	Deleted:
Address:		Deleted:
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Phone:	Herri	Formatte
County Office:	eur eur	Formatte
Date: CHRIS Referral #	104 / 1 104 / 1 101 / 1	Formatte
	Por 191 Por 191 Por 199	Formatte
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Re: Name of Juvenile Offender: Name of Victim:		Formatte
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TI Division of the standard st	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.08" + 4
The Division of Children and Family Services or Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on	" "	5.92"
The type of maltreatment was	I/	Formatte
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Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked	9//	Formatte
box(es) pertain(s) to your child,	11	Formatte
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Pursuant to A.C.A. \$12-18-705, this letter is to inform you that based on the preponderance of the evidence, the		Formatte
investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, noto contendere, or been found guilty of an offense		Formatte
on the same set of facts contained in the report, your child will automatically have an administrative hearing.	Take. Sal	Formatte
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The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed	المحرية	Formatte
request to Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be	يو مور	Formatte
held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the	74	Formatte
Office of Appeals & Hearing (see address listed above).	2	Formatte
If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry	فتمتمم	Formatte
Under Arkansas law persons listed on the Child Maltreatment Central Registry as an offender in a true report are	1	Space Befo
identified upon request to certain classes of public and private persons, including employers and volunteer agencies.	- /	border), Ta + Not at 4
As a result one's employment or ability to provide volunteer services may be adversely affected if their name is	1	
placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to	17	Formatte
have their name removed after one year.	U/U	Formatte
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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.	[]]]	Formatte
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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized	U/U	Formatte
request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little	$(/\!\!/)$	Formatte
Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.	#//	Deleted: :
You have the right to an attorney. If you cannot afford one, contact Legal Services.	$' /\!\!//$	Deleted: 9
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Pursu	ant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the		Formatted: Font: 10 pt
juven Centr has no	igative agency determined the allegation for sexual abuse to be true. Although your child has been named as a le offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment at Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child be been adjudicated delinquent or has not pleaded guilty, noto contendere, or been found guilty of an offense on the set of facts as contained in the report.		Formatted: Header, Left, Border: Bottom: (Double solid lines, Auto, 0.5 pt Line width, From text: 15 pt Border spacing:), Tab stops 0.5", Left + 4", Left + Not at 1.42" + 4.75" 6.88"
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Since	your child's name will not be placed on the registry at this point in time, there will not be an automatic istrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of	1	Deleted: J
Appea	als & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on		Deleted: O
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7.C al	e is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion	`	Formatted: Font: Times New Roman, 10 pt
of the	criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile		Formatted: Font: Times New Roman, 10 pt
offen	ler or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of		Formatted: Font: Times New Roman, 10 pt
Appe:	als & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted onically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The		Formatted Contractings Nov Roman 10 pt
reque	st for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals &		Formatted: Font: Times New Roman, 10 pt
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To ob	tain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the	100	Formatted: Font: 10 pt
72203	on of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR The request must contain your name, address, and the name(s) of the child(ren) involved.		Formatted: Indent: Left: 0", Hanging: 0.5", Space Before: 0 pt, Tab stops: 0.5", Left + Not at 1.5" + 3"
You h	ave the right to an attorney. If you cannot afford one, contact Legal Services,	1#.	Formatted: Font: 10 pt
			Formatted: Font: 10 pt
Divers	ant to A.C.A. §12-18-1907, the Division of Children and Family Services may offer your family supportive	e e	Deleted: Arkansas Code Ann
~ servic	es for which you qualify should you desire them. Supportive services can provide things like tutoring.		Formatted: Font: 10 pt
	eling, parenting classes, and other assistance or services. Each case is different and the services available to		Formatted: Font: 10 pt
<u>you n</u>	av vary.	166 1114 1114	Deleted: ¶
If you	would like to receive supportive services, or would like more information on the services available to you and	### 	Formatted: Font: 10 pt
your	amily, please contact your local county office, listed above.		Formatted: Font: 10 pt
	**************************************	' <i> </i>	Formatted: Font: 10 pt
Pursu	ant to ACA §12-18-1010, the Division of Children and Family Services may open a protective services case 47 ur family. The Division shall provide services to your family in an effort to prevent additional maltreatment to		Formatted: Header, Space Before: 2 pt, Tal stops: 6.5", Right + 6.88", Right
your o	child or the removal of your child from your home.	77	Deleted:
	·	H	Formatted: Font: 10 pt
_		///	Formatted: Font: 10 pt
T	DCFS INVESTIGATOR PRINTED NAME	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Deleted: ¶
		#// /	Formatted: Font: Times New Roman
		$^{\prime\prime}/_{\prime}$	Deleted: 5
	INVESTIGATOR SIGNATURE	H_{I}	Deleted: 9

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Arkansas Department of Human Services Division of Children and Family Services

	Child Maltreatment True Investigative Determination Notice to Legal Parents Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)
To:	
Addr	s:
From	
Title:	
Phone	
	Office:
Date:	
	me of Alleged Offender:
N	me of Alleged Victim:
	vision of Children and Family Services or Arkansas State Police's Crunes Against Children Division received an on of suspected child maltreatment involving the above named person. The incident was reported on (date)
Pursu deterr	nt to A.C.A. §12-18-705 this is your pouce that based on the preponderance of the vidence, the investigative agency ned the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.
The ty	be of maltreatment was .
admir signed hearin person	es, 16 to 17 years old at the time of the act or smission that resulted in the true finding will automatically have an strative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative is are conducted telephonically, unless the offender, his parent guardian, or attorney asks that the hearing be held in The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals ing (see address listed above)
person classe provid If one autom name	earing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry, ander certain circumstances, one's name may be tically removed or one may be able to petition to have their name removed after one year. The alleged offender's fill not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the administrative law judge upholds the true investigative determination.
the D	in a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to ision of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. uest must contain your name, address and the names of the child(ren) involved.
You h	we the right to an attorney. If you cannot afford one, you should contact Legal Services.
	Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above. Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home. DCFS INVESTIGATOR PRINTED NAME INVESTIGATOR SIGNATURE



Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Legal Parents Legal Guardians of the Alleged Juvenile Offender	
(16 through 17 Years of Age)	Deleted: 3
To:	
Address:	
From:	
Title:	
Phone:	
County Office:	
Date: CHRIS Referral #	
Re: Name of Alleged Offender:	
Name of Alleged Victim:	
The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an	
allegation of suspected child maltreatment involving the above named person. The modent was reported on (date)	
Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.	Deleted: Arkansas Code Ann
The type of maltreatment was	
Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an	Deleted: 3
administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative	
hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in	Deleted:
person, The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals	Deleted:
& Hearing (see address listed above)	
If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain	
classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to	{ Deleted:
provide volunteer services may be adversely affected if his or het name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be	Deleted: their
automatically removed or one may be able to petition to have their name removed after one year. The alleged offender's	Deleted:
name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.	Deleted: ¶
To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.	
You have the right to an attorney. If you cannot afford one, you should contact Legal Services.	Formatted: Tab stops: 1.42", Right + 1.5", Left + 2.13", Left + 2.75", Right + 4.75", Left + 6.88", Right
Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring.	Formatted: Tab stops: 1.42", Right + 1.5", Left + 2.13", Left + 2.75", Right + 4.75", Left + 6.88", Right
counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.	Deleted: 1
you may raiy.	Deleted: 9
	Deleted: 1
CFS-224-T3_(R. 02/2012)	

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above. Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home. Deleted: ¶ INVESTIGATOR SIGNATURE DCFS INVESTIGATOR PRINTED NAME Deleted: 1 Deleted: 9 Deleted: 1 CFS-224-T3_(R. 02/2012)



Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Current Foster Parents of the Alleged Offender in Foster Care

To:	
Address:	
From:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Offender:	
	es (DCFS) or Arkansas State Police's Crimes Against Children aspected child maltreatment involving the above named person. The
Pursuant to A.C.A. §12-18 705, this is your based on the preponderance of the evi-	notice that: dence, the investigative agency determined the allegation to be true,
	ced in the Child Maltreatment Central Registry.
	dence. The investigative agency determined the allegation to be true, hould not be placed in the Child Maltreatment Central Registry.
The type of maltreatment was	
requesting an administrative hearing within	right to contest the agency investigation determination of true by 30 days of notice of the investigative determination. The alleged hild Maltreatment Central Registry until the later of:
(A) The expiration of 30 days without a he	earing request; or
(B) The day the administrative law judge to	upholds the true investigative determination.
	DCFS INVESTIGATOR PRINTED NAME
	INVESTIGATOR SIGNATURE



Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Current Foster Parents of the Alleged Offender in Foster Care

То:			
Address:			
From:			
Phone:			
County Office:			
Date:	CHRIS Referral #		
Re: Name of Alleged Offender:			
The Division of Children and Family Services (DOI Division (CACD) received an allegation of suspecte incident was reported on (date)	(S) or Arkansas State Police's Crimes Against Children d child maltreatment involving the above named person. The		· .
Pursuant to A.C.A. §12-18-705, this is your notice t	hat:		Deleted: Arkansas Code Ann
Based on the preponderance of the evidence, and the offender's name should be placed in t	the investigative agency determined the allegation to be true, the Child Maltreatment Central Registry.		
but exempt, and the offender's name should n	the investigative agency determined the allegation to be true, ot be placed in the Child Maltreatment Central Registry.		
The type of maltreatment was			
Please note that the alleged offender has a right requesting an administrative hearing within 30 da offender's name will not be placed on the Child Ma	to contest the agency investigation determination of true by ys of notice of the investigative determination. The alleged ltreatment Central Registry until the later of:		
(A) The expiration of 30 days without a hearing r	equest; or		
(B) The day the administrative law judge upholds	_		
	DCFS INVESTIGATOR PRINTED NAME		
	INVESTIGATOR SIGNATURE	j	Deleted: 3
		1/	Deleted: 10
			Deleted: 0
CFS-224-T <u>4 (R. 02/</u> 2012)		<i>*</i>	



ARKANSAS DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILDREN AND FAMILY SERVICES

Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name		
Adoptive parent(s)'s Address		
I (we), adoptive parents of Child's Full Adoptive Nar	Conial Convider Name	Dada of Divide
Reason/Special Needs:	ne Social Security Number	Date of Birth
Serious Physical/Mental/Emotional Condition	E Race	
Child at Risk of Serious Physical/Mental/ Emotional Con	ndition	Sibling Group
Age	Other Specif	fy)
This Agreement will be effective UPON FINALIZATION abirthday, or unless termination of the Agreement occurs as a (Termination) of this Agreement. Date of Adoption Finalization Amended Agreement: This amends the Adoption Assistation	result of one or more conditions set for	orth in Section IV
		Date
PROVISIONS OF AGREEMENT I. Monthly Maintenance Subsidy Monthly Payments of \$ for	months months	Date
	Sub-Total <u>\$</u>	ΓΟΤALS <u>\$</u>

III. I (we) agree to provide the Division of Children and Family Services with statements of my (our) finances, my (our) circumstances, and the child's circumstances: (a) upon request; and (b) in the event of significant

changes.

IV. Automatic increases will occur due to child's age. A subsidy may be continued as long as the terms of the Agreement specify and eligibility exists under the current rules and regulations for subsidized adoptions.

A subsidy will be discontinued when:

- (a) The child reaches the age of eighteen;
- (b) The subsidy benefits are provided by other state or federal programs;
- (c) The child dies;
- (d) The adoptive parent(s) of the child die (one in a single parent family and both and two-parent family); or
- (e) The family is no longer legally responsible for providing care and support for the adoptive child.
- V. If I (we) plan to move to another state, I (we) will notify the Division of Children and Family Services in Arkansas at least ten days prior to the move.
- VI. Maintenance and special subsidies as outlined in this Agreement will be payable without regard for my (our) state of residence.
- VII. If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to follow the appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicaid eligibility to continue.
- VIII. This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and is enforceable by any and all of these parties.
- IX. Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistance in accordance with the state's hearing and appeal process.
- X. For special subsidies, this Agreement will be in effect for no longer than 12 months. If a modification should occur sooner a new Agreement will be entered.

SUBSIDY NOTE:

Children at high risk for the development of a serious physical, mental, developmental or emotional condition may be considered special needs if documentation of the risk is provided by a medical professional specializing in the area of the condition for which the child is considered at risk, but no subsidy payment will be made without documentation that the child has developed the actual condition. When DHS accepts that the child has developed the condition, the adoption subsidy shall be reproactive to the date the adoptive parents submitted adequate documentation that the child developed the condition. In order to be eligible for special needs based on developmental delay, documentation must be provided, current within 6 months, attesting to the fact that the child has a delay of 24% or more in two major developmental categories.

Director, Division of Children and Family Services	Date
Adoptive Mother's Signature	Date
Adoptive Father's Signature	Date
A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on	
11 ordings only or min randhardar and an entering the Burney and a first transfer and the same a	Date

INSTRUCTIONS CFS-428A

Adoption Assistance Agreement for State Funded Subsidy Payments

PURPOSE -

To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

COMPLETION -

- 1. The Adoption Subsidy Coordinator fills out the CFS-428a.
- 2. Insert the adoptive parent(s) name(s) and address.
- 3. Insert the adoptive child's full name, social security number and date of birth.
- 4. Insert the date on which the adoption was finally d.
- 5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption.
- 6. Insert the starting and ending dates for this agreement
- 7. At numbered item 1., insert the amount of the monthly subside payment AND the number of months the agreement will exist
- 8. At numbered item 2., insert a prief justification for the subsidy.
- 9. Read all the information in numbered items 3. -10 carefully.
- 10. The adoptive mother and adoptive father will sign and date the form.
- 11. The DCFS Director or his/her designee will sign and date the form.
- 12. The DCFS staff member, who gives of mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

ROUTING-

- 1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
- 2. The Adoption Specialist will have the adoptive parent(s) sign and date the original.
- 3. The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
- 4. The Adoption Specialist will return the completed original form to the Adoption Subsidy Coordinator.

NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.



ARKANSAS DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILDREN AND FAMILY SERVICES

Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name		
Adoptive parent(s)'s Address		
I (we), adoptive parents of		
Child's Full Adoptive Name Reason/Special Needs:	Social Security Number Date of Birth	4
Serious Physical/Mental/Emotional Condition	□Race	
Child at Risk of Serious Physical/Mental/ Emotional Condition	n Member of a Sibling Group	
Age	Other (Specify)	
This Agreement will be effective UPON FINALIZATION and runless termination of the Agreement occurs as a result of one or management.	emain in effect until the child's elepteenth (18th) birthday, or	
Agreement.	secondations say and in section of Cremmation) of this	
		Deleted: This Agreement will be effective UPON
T	N. C.	FINALIZATION and remain in effect for one year.
Amended Agreement: This amends the Adoption Assistance Agreement	Date	Deleted:¶ Date of Adoption Finalization¶
This Agreement will be effective and remains a green and re	in in effect initil	
PROVISIONS OF AGREEMENT		Formatted: Font: 10 pt, Bold
I. Monthly Maintenance Subsidy Monthly Payments of \$ for	nonths	Deleted: 1
S n Sub-Fotal \$ II. Special Subsidy (specify)	nonths	Deleted: 2
Sui	b-Tota! <u>\$</u> TOTALS <u>\$</u>	
II (we) agree to provide the Division of Children and Famcircumstances, and the child's circumstances: (a) upon re	ily Services with statements of my (our) finances, my (our) quest; and (b) in the event of significant changes.	Deleted: 3
IV Automatic increases will occur due to child's age. A subs specify and eligibility exists under the current rules and re	oldy may be continued as long as the terms of the Agreement egulations for subsidized adoptions.	Deleted: 4
		Deleted: 9
CFS-428A (R-02/2012)	Page 1 of 3	Deleved: 1

A subsidy will be discontinued when		
(a) The child reaches the age of eighteen;(b) The subsidy benefits are provided by other state or federal programs;		
(c) The child dies;		
(d) The adoptive parent(s) of the child die (one in a single parent family and both in a two-parent family); or	<u> </u>
(e) The family is no longer legally responsible for providing care and support for the adoptive child.		Deleted: ¶
VIf I (we) plan to move to another state, I (we) will notify the Division of Children and Family Service	e in Arkaneae at	Deleted:Page Break
least ten days prior to the move.	s iii Ai kaiisas at	Deleted: 5
VI. Maintenance and special subsidies as outlined in this Agreement will be payable without regard for m	ny (our) state of	Deleted: 6
residence.		
VII. If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to f	follow the	Deleted: 7
appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicacontinue.	id eligibility to	
VIII. This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and	l is enforceable	Deleted: 8
by any and all of these parties.		
JX. Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistant	ce in	Deleted: 9
accordance with the state's hearing and appeal process.	YY	beleten, 9
X. For special subsidies, this Agreement will be in effect for no longer than 12 months. If a modificatio sooner, a new Agreement will be entered.	n should occur	Deleted: 10
SUBSIDY NOTE:		
Children at high risk for the development of a serious physical mental, developmental or emotional or considered special needs if documentation of the risk is provided by a medical professional specializing in	ondition may be	
condition for which the child is considered at risk, but no subsidy payment will be made without documentat		
has developed the actual condition. When DHS accepts that the child has acveloped the condition, the adopt	ion subsidy shall	
be retroactive to the date the adoptive parents submitted adequate documentation that the child developed to		
order to be eligible for special needs based on developmental delay, documentation must be provided, a months, attesting to the fact that the child has a delay of 24% or more in two major developmental categor	ies	
Ву:		
Director, Division of Children and Family Services	Date	
Adoptive Mother's Signature	Date	
Adoptive Faller's Signature	Data	
Auditive Lance 2 Signature	Date	
A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on _		
	Date	
		Polotedu 0
		Deleted: 9 Deleted: 1
CFS-428A (R-0 <u>2</u> /201 <u>2</u>)	Dago 2 -52 (/ Delicted: 1
CFG-120A (N-V42V14)	Page 2 of 3	•

INSTRUCTIONS CFS-428A

Adoption Assistance Agreement for State Funded Subsidy Payments

PURPOSE -

To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

COMPLETION -

- The Adoption Subsidy Coordinator fills out the CFS-428a.
- 2. Insert the adoptive parent(s) name(s) and address.
- 3. Insert the adoptive child's full name, social security number and date of birth.
- 4. Insert the date on which the adoption was finalized.
- 5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption
- 6. Insert the starting and ending dates for this agreement,
- 7. At numbered item 1., insert the amount of the monthly subsidy payment AND the number of months the agreement will exist.
- 8. At numbered item 2., insert a brief justification for the subsidy.9. Read all the information in numbered items 2 10 carefully.
- 10. The adoptive mother and adoptive father will swin and date the form.
- 11. The DCFS Director or his/her designee will sign and date the form
- 12. The DCFS staff member, who gives or mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

ROUTING -

- 1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
- The Adoption Specialist will have the adoptive parent(s) sign and date the original.
- The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
 The Adoption Specialist will fourn the completed original form to the Adoption Subsidy Coordinator.

NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.

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Arkansas Department of Human Services Division of Children and Family Services IN HOME CONSULTATION VISIT REPORT

The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process. Failure to provide complete and accurate information may result in a delay in processing the application.

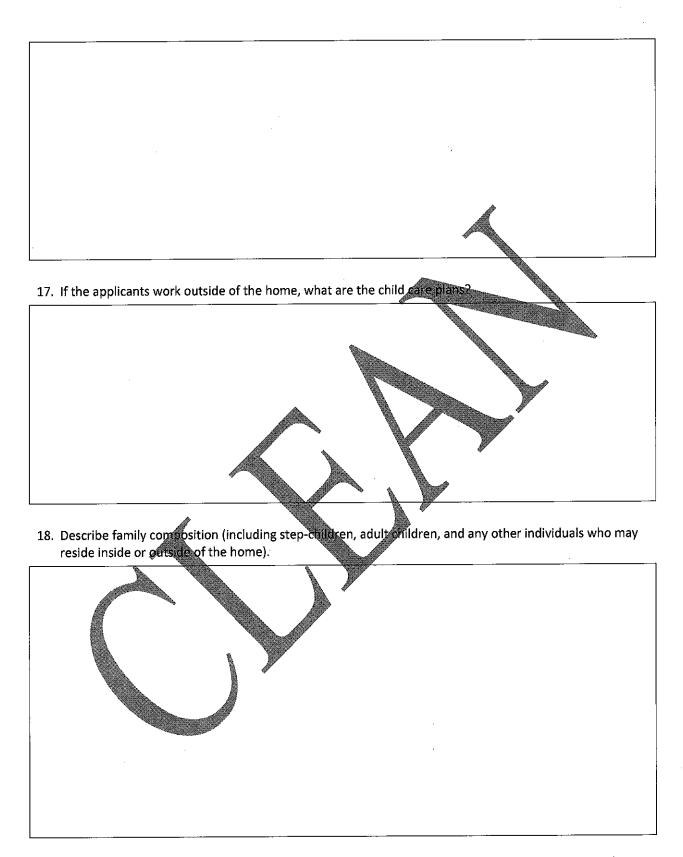
Date Completed Inquiry/Info Meeting:	Date of Initial	Contact:
Date of Home Visit:	County:	
TYPE OF HOME: PROVISIONAL FOSTER	HOME REGULAR FOSTER H	OME ADOPTIVE HOME
If provisional, date of child's placement in	home:	
Applicant Name:	SSN:	Age:
DOB: Race: Hig	hest Grade Completed: R	eligious Preference:
Primary Phone: (Other Phone:	
Joint Applicant Name:	8\$N:_	Age:
DOB: Race: Highest	Grade Completed: Religi	ous Preference:
Address, City, State, Zip:		
Preferred Training Timeframe (for MidSOU guarantee that preferred timeframe will be a		marking a selection does not
Week Nights Weekends	Combination of Wee	ek Nights and Weekends
FAMILY COMPOSITION		
Two-Parent Household	Single-Parent Household	
PREVIOUS MARRIAGES		
Applicant,		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)
/		
Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

M	LITARY HISTORY						
		Branch(es)	Rank		. Dates	化多数化学组织 医水肿 网络海绵	Honorably Discharged?
AA	plicant						AIRCHAIGE GOS
	nt Applicant						
100	ILDREN LIVING IN T	HE HOME FILLS	TIME OR PART	 TIME (e.a	rollege-age	children ste	enchildren)
		DOB	Age MV/F				
		The state of the s		APPLICAN		ok zahoot	
					<u> </u>		
					Assertation of the second		
							\

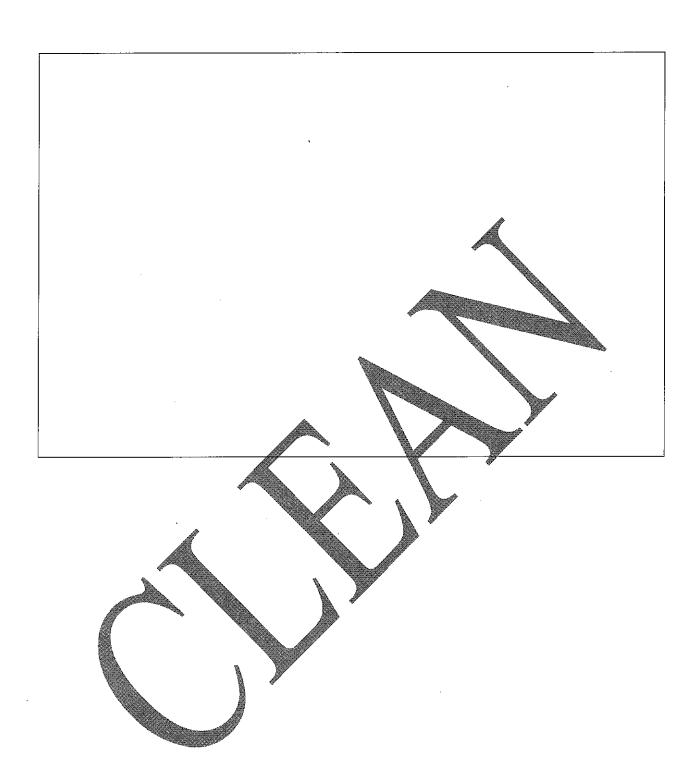
ОТ	HER PEOPLE LIVING	IN THE HOME (Anvone living in	he home fo	or 3 months o	more, who	ether
	secutively or cumulativ		d.)				
NA	ME SSN	DOB.	Age M/F	RELIABION APPLICAN	SHIPTO I	ANAGEOFIEN NOOHOOL	VIPLOYMENT
				PARRUGAN		NY SOMOOF	GRADE
		A					
				<i>y</i>	<u> </u>		
	TS (All household pets				5.)		
Bre	ed/Speciës		t rabieswaccina	iloni) = -			
		Yes	<u> </u>		_		
	\ \\	Yes	No 🗌				
		Yes	No				
		Yes	No				
ΑD	DITIONAL INCORNA	NTION					
	DITIONAL INFORMA	ATION					
1.	ave the applicants pre	viously applied or	been approved t	to foster? Ye	es 🗍 No 🗍		F
2.	If yes, please provide a					-	
3.	ii yes, pieuse provide (aboney name, orly,	, and date	•			
Э.	ave the applicants eve	er been denied to f	foster? Yes 🔲 N	ю 🗌			'
4	If ves inlease explain:						

5.	ave the applicants previously applied or been approved to adopt? Yes No	Н
6.		I
	f yes, please provide agency name, city, and date approved:	
7.	ave the applicants ever been denied for adoption? Yes No	Н
8.	If yes, please explain:	
9.	an the applicants provide reliable transportation for children in foster care? es No	С
10.	o the applicants have any pending legal actions? Yes No	D
11.	f yes, please provide a brief explanation:	l
12.	o any roomers or boarders reside in the home? Yes \bigcap No \bigcap	D
13.	o applicants and/or other household members smoke? Yes No	D
14.	f yes, please list names:	I
15.		V
	Datificons are in the nome and whates we supplied to each pooling.	

16. What is each applicant's daily routine?



19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).



RESPONSIBILITIES As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents. It is important for foster parent to understand these responsibilities in order to ensure the safety and well-being of children who are placed in their home.

- 1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
- 2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
- 3. Foster parents shall provide each child their own clothing that is clean, well itted, seasonal, appropriate to age and sex, and comparable to community standards.
- 4. Foster parents shall allow foster children to acquire and keep personal belongings
- 5. Foster parents shall fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
- 6. Foster parents shall provide routine transportation for each child.
- 7. Foster parents shall attend and participate in case planning and case plan reviews.
- 8. Foster parents shall attend school conferences concerning a foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
- 9. Foster parents shall notify DCFS promptly of serious illness, injury or unusual circumstances affection the health, safety, or welfare of the foster child.
- 10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules
- 11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
- 12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
- 13. Foster parents shall keep a life book for each toster child that includes:
 - a. Periodic photographs of the child;
 - b. A record of the child's memberships, activities, and participation in extracurricular school or church activities;
 - c. Trophies, awards, ribbons, etc.

I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to those autlined above. I further acknowledge that the Resource Worker/Adoption Specialist has informed me of the standards of approval that must be met in order to obtain approval as a foster/adoptive home.

Applicant Signature	Date		
Joint Applicant Signature	Date		
Resource Worker/Adoption Specialist Name	Date	Signature	_

EMPLOYMENT INFORMATION (Include places of employment for the last 6 years, beginning with current place of employment.)

APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours
IOINT APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours
		and the second		
· .				

FINANCIAL STATEMENT (Recent check stubs and the previous year's income tax return are required for employment verification.

Monthly Income	Monthly Expenses	
Applicant	Rent/House Payment	\$
Gross Income	\$ Water	\$
Net Income	\$ Electric	\$
Other Income	\$ Gas (Utility)	\$
Total Income	\$ Home Alarm System	\$
	Cable/Satellite/Internet	\$
Joint Applicant	Cell Phone	\$
Gross Income	\$ Other Phone	\$
Net Income	\$ Auto Insurance	\$
Other Income	\$ Vehicle Payment	\$
Total Income	\$ Vehicle Maintenance	\$
	Gas (Vehicles)	\$
Savings	Entertainment	\$
Applicant	\$ Groceries	\$
Joint Applicant	\$ Dining Out	\$
Joint Savings	\$ Health Insurance	\$
	Prescriptions	\$
Insurance Coverage	Other Medical	\$
Medical Company	Dental	\$
Туре	Life Insurance	\$
Coverage	\$ Charitable Giving	\$
	Credit Card #1	\$
	Credit Card #2	\$
	Credit Card #3	\$
	Other Debt Payment	\$
	Student Loan #1	\$
	Student Loan #2	\$
	Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary):_____

STANE	DARDS OF APPROVAL	YES	NO
Home I	Requirements—Interior:	The second second	
1.	Is the interior of the home clean and free of physical and health hazards?		
2.	Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?		
3.	Is there adequate space for privacy, play, and study for all household members? Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.		
4.	Is there sufficient seating for the family to eat together?		
5.	Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?		
6.	Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?		
7.	Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical coxds, excessive use of extension cords, etc., been eliminated or corrected?		
8.	Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?		
9.	Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?		
10.	Does home have at least one flush tollet, one sink with running water, and one bath or shower with hot and cold water?		
11.	Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?		
12.	Are liquor and other alcoholic beverages stored out of reach of children?		
13.	A e all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?		
14.	Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?		
15.	Is there an operational chemical fire extinguisher in the cooking area?		
16.	Does the home have an operational telephone or working cellular phone that is accessible to all children?		
17.	Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?		
Sleepin	g Arrangements:	YES	NO
18.	Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?		

19.	Does each bedroom have at least 50 square feet of floor space per occupant?		
20.	Do bedrooms have windows which provide natural light and ventilation?		
21.	Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?		
22.	Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?		
İ	a. In this event, does each such bedroom contain a working smoke detector?		
23.	Will no more than 4 children share a bedroom?		
24.	Will each child in foster care be provided a comfortable bed, in good condition?		
	Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?		
26.	Will any children share a bed if either child is 4 years old or older? a. Are any applicable children who will share a bed the same sex?		
	Will any child under age 6 occupy a top bunk?	<u> </u>	
28.	Will any child in foster care, except an infant under age 2, share a sleeping room with adults? In the case of a grandparent to the child, the age would increase to 4.		
29.	Will each child be provided with clean bedding, in good condition, that will be		
	laundered at least weekly, or as needed?		
l Uassa D	s 보고 pulled 보고 보고 모습니다. 프로그램 보고 있는데 그리고 하는데 하는데 하는데 되고 있는데 생각하는데 사용하다. 하는 등에도 있으며 하는데 마스트를 하는데 하는데 등 하는데 하는데 다른데	VEC	NIA
	Requirements—Exterior:	YES	NO
30.	Is home accessible to community resources needed by children in foster care?	YES	NO .
30.		YES	NO
30. 31.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards	YES	• NO
30. 31. 32. 33.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children? Is yard free of dangerous debris, trash, uncovered cisterns, etc.? Is yard large enough to provide ample play space for children?	YES	NO
30. 31. 32. 33. 34.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children? Is yard free of dangerous debris, trash, uncovered cisterns, etc.? Is yard large enough to provide ample play space for children? Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	YES	NO C
30. 31. 32. 33. 34.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children? Is yard free of dangerous debris, trash, uncovered cisterns, etc.? Is yard large enough to provide ample play space for children? Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area? If applicable, is the manufactured home properly installed and stabilized?	YES	NO -
30. 31. 32. 33. 34.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children? Is yard free of dangerous debris, trash, uncovered cisterns, etc.? Is yard large enough to provide ample play space for children? Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	YES	
30. 31. 32. 33. 34.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children. Is yard free of dangerous debris, trash, uncovered cisterns, etc.? Is yard large enough to provide ample play space for children? Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area? If applicable, is the manufactured home properly installed and stabilized? a. If the manufactured home is located in a mobile home park, is there sufficient	YES	
30. 31. 32. 33. 34. 35.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children? Is yard free of dangerous debris, trash, uncovered cisterns, etc.? Is yard large enough to provide ample play space for children? Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area? If applicable, is the manufactured home properly installed and stabilized? a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	YES	NO CONTRACTOR OF THE PROPERTY
30. 31. 32. 33. 34. 35.	Is home accessible to community resources needed by children in foster care? Are the premises of the house, including the yard, garage carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would entanger the safety of children? Is yard free of dangerous debris, trash, uncovered cisterns, etc.? Is yard large enough to provide ample play space for children? Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area? If applicable, is the manufactured home properly installed and stabilized? a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside? Is outdoor play equipment safe, hazard-free, and properly anchored? Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is	YES	NO CONTRACTOR OF THE PROPERTY

39.	If the source is not a municipal water system, has the water been tested and approved by the Health Department? Approval must be filed in the foster home record.		
40.	If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. Approval must be filed in the foster home record.		
41.	Does the home have a safe sewage disposal system?		
42.	If the home has a septic system, has it been tested and approved by the Health Department? Approval must be filed in the foster home record.		
43.	Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?		
	a. Is the escape plan posted within the home?		
44.	Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?		
45.	Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?		
46.	Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?		
47.	Is there a safety plan for any poted hazards in place?		
	a. If yes, please identify which type:		
Transpo		YES	NØ
	please identify which type:	YES	N ©
48.	please identify which type: prtation: Do applicants have their own mode of transportation available for children in their	YES .	NG
48. 49.	please identify which type: prtation: Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities? Do all vehicles owned by the applicants have liability insurance? Documentation of	YES	NO
48. 49. 50.	please identify which type: Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities? Do all vehicles owned by the applicants have liability insurance? Documentation of liability insurance must be filed in the foster home record. Is any vehicle to be used to transport children in foster care insured and maintained	YES	NO
48. 49. 50. 51.	please identify which type: Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities? Do all vehicles owned by the applicants have liability insurance? Documentation of liability insurance must be filed in the foster home record. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws? Do applicants and anyone else transporting children in foster care, have a valid	YES	NO
48. 49. 50. 51.	please identify which type: Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities? Do all vehicles owned by the applicants have liability insurance? Documentation of liability insurance must be filed in the foster home record. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws. Do applicants and anyone else transporting children in foster care, have a valid driver's license? Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.	YES	NG
48. 49. 50. 51. 52.	please identify which type: Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities? Do all vehicles owned by the applicants have liability insurance? Documentation of liability insurance must be filed in the foster home record. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws? Do applicants and anyone else transporting children in foster care, have a valid driver's license? Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger. Tions: Are all over-the-counter medications stored in an area not readily accessible to		
48. 49. 50. 51. 52. Medica 53.	please identify which type: Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation and medical activities? Do all vehicles owned by the applicants have liability insurance? Documentation of liability insurance must be filed in the foster home record. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws? Do applicants and anyone else transporting children in foster care, have a valid driver's license? Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger. tions:		

			•	1
person administering the medication?				
56. Will age-appropriate children be provide				
counter or prescription) for use when t	•	_		
the dose is needed? Examples include	_			
inflammatory and other related medica	•			
These medications must be logged at t	he time they are g	iven to the child.		
·				
DOES THE HOME MEET STANDARDS?	Yes No			
If no, list the standards not met and corrective of	action plan or safe	eguard measure to be implen	nented.	
Standard Not Met & Corrective Action	Prior to !*	Prior to Home: : Person	s Respons	ible.
Plan/Safeguard Measure	Training	Approval		
		49.00		
	dha.			
		\		
	A San I			
Corrective Actions Achieved/Safeguard Measu	res Implemented	& Approved? Yes No)	
		(-)		
	7			
Andient Chatus	Doto			
Applicant Signature	Date			
Joint Applicant Signature	Date			
zona. Abuorne alBuorne		•		
Resource Worker/Adoption Specialist Name	Date	Signature		

BACKGROUND CHECKS (Make additional copies of pages as necessary.)

	CRIMINAL R	ECORD CHECK	VEHICLE SAFETY	PROGRAM		TRAL REGISTRY CI	IECKS
DATES (mm/dd/yyyy)	FBI	STATE	VSP 1	VSP 2	INVESTIGATION OF THE PROPERTY	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED						4	
RESULTS	☐ Approved	☐ Approved	Approved	☐ Approved	☐ Approved	☐ Approved	- Approved
	☐ Disapproved	☐ Disapproved	□ Disapproved	Disapproved	Disapprovest	□ Disapproved	Disapproved

	CRIMINAL RECORD CHECK		VEHICLESAFETY PROGRAM		CENTRAL REGISTRY CHECKS				
DATES (mm/dd/yyyy)	FBI	STATE.	VSP1	VSP 2	ANGENIA (Sammiran) Par	OUT OF STATE CHILD MALTREATMENT (If applicable)	AR ADULT MALTREATMENT	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17	
SUBMITTED									
RECEIVED									
RESULTS	☐ Approved	☐ Approved	☐ Approved	Approved	Approved	Approved	☐ Approved	☐ Approved	
	☐ Disapproved	☐ Disapproved	☐ Disapproved	☐ Taikapproved	Disapproved	☐ Disapproved	Disapproved	Disapproved	

		ED:					Engage State of the Control of the C	tot man enemare enemare
DATES (mm/dd/yyyy)	FBI	STATE	VEHICLE SAFETY VSP 1	PROGRAM VSP 2	ACCHIED MASTREATMENT	RAUREGISTRY CH OUT OF STATE CHILD MALTREATMENT	ECKS AR ADULT MALTREATMENT	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED						(if applicable)		- FOR TOUTH-10-17
RECEIVED								
RESULTS	☐ Approved	Approved	☐ Approved	☐ Approved	Approved	☐ Approved	☐ Approved	☐ Approved
	□ Disapproved	□ Disapproved	☐ Disapproved	Disapproved	Disapproved	Disapproved	Disapproved	Disapproved
NAME O	F PERSON CHECK							
DATES (mm/dd/yyyy)	≝CRIMINALE FBI	ECORD CHECK	VEHICLESAFETY	PROGRAM:	CENT CONTRIBUTIONS CANTRIBUTIONS	RAL REGISTRY CH OUT OF STATE CHILD MALTREATMENT	ECKS ARADULT MALTREATMENT	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10:17
SUBMITTED						(if applicable)		
RECEIVED			* *					
RECEIVED	☐ Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved

RECOMMENDATIONS

Resource Worker/Adoption Specialist	recommends approval of applicants to attend training? Yes No)
Name	Date	
Signature		
Area Director/Adoption Supervisor/De	esignee approves applicants to attend training? Yes No	
Signature		
Date submitted to MidSONTH: Be sure to select the "In-Home Cons	oultation/Approval for Training Purpose" which you entered in the	Provider

Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.



Arkansas Department of Human Services Division of Children and Family Services IN HOME CONSULTATION VISIT REPORT

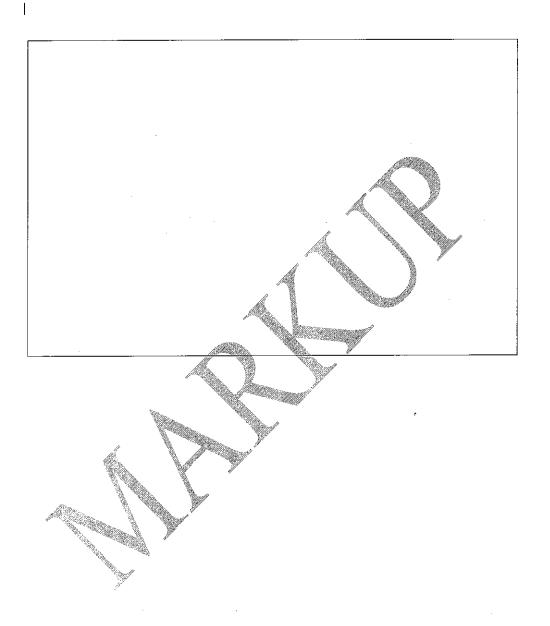
The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process. Failure to provide complete and accurate information may result in a delay in processing the application.

Date Completed Inquiry/Info Meeting: Date of Initial Contact:	
Date of Home Visit: County:	
TYPE OF HOME; PROVISIONAL FOSTER HOME REGULAR FOSTER HOME ADOPTIVE HOME	Deleted: PREFERENCE
If provisional, date of child's placement in home:	
Applicant Name: SSN: Age:	
DOB: Race: Highest Grade Completed: Religious Preference:	
Primary Phone: (
Joint Applicant Name: SSN: Age:	
DOB: Race: Highest Grade Completed: Religious Preference:	
Address, City, State, Zip:	
Preferred Training Timeframe (for MidSOUTH PRIDE planning purposes only; marking a selection does not quarantee that preferred timeframe will be available)	Formatted: Tab stops: 4.5", Right + Not at 6.44"
	Formatted: Font: 10 pt, Italic
Week Nights	Formatted: Font: 10 pt, Italic
FAMILY COMPOSITION	Formatted: Tab stops: 2.5", Right + Not at 6.44"
☐ Two-Parent Household ☐ Single-Parent Household	
PREVIOUS MARRIAGES	
Applicant	
Dates of Previous Marriage Divorced (check if applicable) Widowed (check if applicable)	
Joint Applicant	
Dates of Previous Marriage Divorced (check if applicable) Widowed (check if applicable)	
·	Deleted: 8
· · · · · · · · · · · · · · · · · · ·	Deleted: 1
CFS-446 (R. 02/2012) 1	,

MILITARY HISTORY	
Branch(es) Rank Dates Dates	Honorably
g and the second se	ischarged?
Applicant	
Joint Applicant	
CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, step	ochildren)
NAME SSN DOB Age M//F RELATIONSHIP TO PLAGE OF EM	PLOXMENT
APPLICANTS: TOR SCHOOL/A	JRADES
OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whet	her .
consecutively or cumulatively, must be listed.)	
NAME SSN DOB AGE M//F. RELATIONSHIP TO PLACE/OF EM APPLICANTS OR SCHOOL/	
ORSCHOOL/	SKADE
	<u> </u>
PETS (All household pets must have proof of current rables vaccinations.)	
Breed/Species Current rables vaccination?	
Yes No No	
ADDITIONAL INFORMATION	
1.	н
ave the applicants previously applied or been approved to foster? Yes 🗌 No 🛄	
2. If yes, please provide agency name, city, and date:	75.45
3.	Н
ave the applicants ever been denied to foster? Yes 🔲 No 🗌	
4. If yes, please explain:	Deleted: 8
	Deleted: 1
CES-446 (R-02/2012)	3 W

5.	Н	
ave the applicants previously applied or been approved to adopt? Yes No		
f yes, please provide agency name, city, and date approved:	1	
7. ave the applicants ever been denied for adoption? Yes No No	н .	
8. If yes, please explain:		
9.	 c	
an the applicants provide reliable transportation for children in foster care? Yes No	C	
10.	D	
o the applicants have any pending legal actions? Yes 🔲 No 🗌		
11.		
f yes, please provide a brief explanation:		
12.	D	
o any roomers or boarders reside in the home? Yes 🔟 No 🗌		
13. o applicants and/or other household members smoke? Yes ☐ No ☐	D	
14. f yes, please list names:	I	
15.	 W	
hat are the sleeping arrangements for all members of the household? How many bedrooms and	**	
bathrooms are in the home and what is the square footage of each room?		
16. What is each applicant's daily routine?		
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CFS-446 (R. 0 <u>2</u> /201 <u>2</u>)	3	

7. If the applicants work outside of the home, what are the child care plans?	
	·
	_]
3. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).	
. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).	
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S-446 (R. 0 <u>2/2012)</u> 4	



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RESPONSIBILITIES As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents. It is important for foster parent to understand these responsibilities in order to ensure the safety and well-being of children who are placed in their home.

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 - c. Trophies, awards, ribbons, etc.

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Applicant Signature	Date	_		
Joint Applicant Signature	Date	-		
Resource Worker/Adoption Specialist Name	Date	Signature		Deleted: 8
CFS-446 (R. 0 <u>2</u> /201 <u>2)</u>			6	Deleted: 1

EMPLOYMENT INFORMATION (Include places of employment for the last 6 years, beginning with current place of employment.)

APPLICANT	All I	. A		
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours

		, the		
				*
IOINT APPEICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours
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CFS-446 (R. 02/2012)

FINANCIAL STATEMENT (Recent check stubs and the previous year's income tax return are required for employment verification.

Monthly Income	9. S.	Monthly Expenses	
Applicant		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$100
Joint Applicant		Cell Phone	\$ 4
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
Savings		Entertainment.	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
Insurance Coverage		Other Medical	\$
Medical Company		Dental	\$
Туре		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
	,	Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
	. ,	Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additiona
page(s) if necessary):

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CFS-446 (R. 0<u>2</u>/201<u>2</u>)

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CFS-446 (R. 0<u>2</u>/201<u>2</u>)

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	Does home have a continuous supply of sanitary drinking water? The municipal water system is part of(City), County of	<u></u>		Deleted: 8
	equirements—Other:	YES	NO	
	Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? Approval must be filed in the foster home record.			
	Is outdoor play equipment safe, hazard-free, and properly anchored?			
	If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?			
35.	If applicable, is the manufactured home properly installed and stabilized?			
	Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?			
33.	Is yard large enough to provide ample play space for children?		<u> </u>	
32.	Is yard free of dangerous debris, trash, uncovered cisterns, etc.?			
	Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?			
30.	Is home accessible to community resources needed by children in foster care?			
ome R	Requirements—Exterior:	YES	NO	
29.	Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?			
28.	Will any child in foster care, except an infant under age 2, share a sleeping room with adults? In the case of a grandparent to the child, the age would increase to 4.			
27.	Will any child under age 6 occupy a top bunk?			
26.	Will any children share a bed if either child is 4 years old or older? a. Are any applicable children who will share a bed the same sex?			
25.	Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?			
24.	Will each child in foster care be provided a comfortable bed, in good condition?			
23.	Will no more than 4 children share a bedroom?			
22.	Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window? a. In this event, does each such bedroom contain a working smoke detector?			
	outside which is capable of serving as an emergency escape?			
	Do bedrooms have windows which provide natural light and ventilation? Does each bedroom to be used for children in foster care have a window to the	片		-
	Does each bedroom have at least 50 square feet of floor space per occupant?			_

	include the child's name; time and date; medication and dosage; and initials of the			Deleted: 8 Deleted: 1
	them only in accordance with directions on the label? Will applicants log all medications at the time the medication is administered and			
	Will applicants be aware of possible side effects of all medications and administer			
	children, and are all prescription medications locked?			
<u> Argenta</u>	Are all over-the-counter medications stored in an area not readily accessible to			
ledicat	motor vehicle in which a child who is less than 14 years of age is a passenger.	YES	NO	
	All other children must be restrained by safety belts. Smoking is prohibited in any			
	and younger and children who weigh less than 60 pounds require a child safety seat.			!
	use of safety belts, child safety seats, and smoking restrictions? Children who are 5		-	
	Will children be transported according to Arkansas law, including, but not limited to,			
<i>5</i> 1.	Do applicants and anyone else transporting children in foster care, have a valid driver's license?			
50.	Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?			
	Do all vehicles owned by the applicants have liability insurance? Documentation of liability insurance must be filed in the foster home record.			
	Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?			
	ortation: Do applicants have their of the mode of transportation available for children in their	TES :	NO	
ronene	please identify which type:	YES	NO.	
	a. If yes,			
47.	Is there a safety plan for any noted hazards in place?			
	number of persons who can satisfactorily live within the physical limits of the home?			
46.	Is the number of children recommended to be placed in the home limited by the			
45.	Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?			
	thereafter (date/time/persons involved/length of time needed to clear home)?			
	and documented with each new child entering the home, and at least quarterly		""	
44.	Has the family been informed that emergency evacuation drills must be performed	<i>I</i>		
	a. Is the escape plan posted within the home?			
43.	Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?			
	Department? Approval must be filed in the foster home record.			
	If the home has a septic system, has it been tested and approved by the Health		片	
- 41	the foster home record. Does the home have a safe sewage disposal system?			
40.	If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. Approval must be filed in			
	record.			
39.	If the source is not a municipal water system, has the water been tested and approved by the Health Department? Approval must be filed in the foster home		🗀	

56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.	I the state of the state of								
counter or prescription) for use when the child is away from the home during times the dose is needed? Examples include poin relievers, few ranductures, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child. DES THE HOME MEET STANDARDS?	person administering the medication	,			 ,				
the dose is needed? Examples include pain relievers, fever reducers, and anti- inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child. DES THE HOME MEET STANDARDS? Yes No no, list the standards not met and corrective action plan or sofeguard measure to be implemented. Standard Nos Net & Corrective Actions Priorito P	56. Will age-appropriate children be prov	ided a daily supply of	medication (ove	r-the-	니 i				
Inflormatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child. DES THE HOME MEET STANDARDS?						l			
These medications must be logged at the time they are given to the child. DES THE HOME MEET STANDARDS?	the dose is needed? Examples include	: pain relievers, fever i	reducers, and an	ti-					
DES THE HOME MEET STANDARDS? Yes No no, list the standards not met and corrective action plan or safeguard measure to be implemented. Standard Not Met & Correctival Actions Prior to Standard Not Met & Correctival Actions Prior to Standard Not Met & Sagardulle				halers.					
Is it the standards not met and corrective action plan or safeguard measure to be implemented. Standard Nos Met & Corrective Action Priority (Sapport) Plan/Ssifeguard Measure (Sapport) Priority (Sapport)	These medications must be logged at	the time they are give	en to the child.						
Plán/Safeguard Measures Training Trective Actions Achieved/Safeguard Measures Implemented & Approved? Yes No Plicant Signature Date The Applicant Signature Date	OOES THE HOME MEET STANDARDS? fno, list the standards not met and corrective		ard measure to	besimplement	ted.				
Plán/Safeguard Measures Training Trective Actions Achieved/Safeguard Measures Implemented & Approved? Yes No Plicant Signature Date The Applicant Signature Date	Standard Not Met & Corrective Action	Prior to P	rior to Home	Persons R	esponsin	la e			
policant Signature Date Date Source Worker/Adoption Specialist Name Date Deleted: 8		Training 🗫 🤲 🥴	Approval						
policant Signature Date Date Source Worker/Adoption Specialist Name Date Deleted: 8		SELECTION OF THE PROPERTY OF THE	No Show when the state of	2018-11-11-11-11-11-11-11-11-11-11-11-11-1	A SECTION OF THE PARTY OF THE P	SAME SAME A			
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policant Signature Date Date Source Worker/Adoption Specialist Name Date Deleted: 8	orrective Actions Achieved/Safeguard Meas	yures implemented &	Approved?	Yes □ No					
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BACKGROUND CHECKS (Make additional copies of pages as necessary.)

	CRIMINAL RI	CORD CHECK	VEHICLE SAFET	PROGRAM	CEN	TRAL REGISTRY C	HECKS
DATES (mm/dd/yyyy)	FBI	STATE	VSP 1	VSP 2	AND STATE	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT
SUBMITTED						and the state of t	
RECEIVED							
RESULTS	☐ Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved	Approved	Approved
	☐ Disapproved	☐ Disapproved	☐ Disapproved	Disapproved	Disapproved	Disapproved	Disapproved

NAME OF	PERSON CHECK	ED:						
DATES (mm/dd/yyyy)	CRIMINAL F	SECORD CHECK	VEHICLE SAFETY VSP 1	PROGRAM VSP 2	ATGUM ATGULTALITA	RAEREGISTRY CH OUT OF STATE: CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED					A Parish	erma (trappineade)	There's stade the state and according	
RECEIVED					*			
RESULTS	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	Approved Disapproved	☐ Approved ☐ Disapproved	Approved Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	Approved Disapproved

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SUBMITTED								
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į	☐ Disapproved	☐ Disapproved	☐ Disapproved	Disapproved	Disapproved	□ Disapproved	☐ Disapproved	☐ Disapproved

	CRIMINALE	RECORD CHECK	VEHICLE SAFETY	PROGRAM		RAL REGISTRY CH	ECKS	
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RESULTS	☐ Approved	Approved	Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved	☐ Approved
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RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training? 🔲 Yes 🗀] No		
Name Date			
Signature			
Area Director/Adoption Supervisor/Designee approves applicants to attend training? Yes No	į.	·	
Name Date			
Name			
Signature			
Date submitted to MidSOUTH:			
Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in t Contact Information Screen. It is important to select this checkbox prior to the family attending train	he Provider Sing in order		
Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in t Contact Information Screen. It is important to select this checkbox prior to the family attending train to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify of approval status.	MidSOUTH		
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CES-446 (R 02/2012)	15	- Caratana T	



Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)

To:	
Address:	
From:	
Address:	
114410001	
Phone:	
County Office:	
Date:	CHRIS Referral #
Date.	CHRIS REIEITAI #
Re: Name of Underag	ed Juvenile Offender
Name of Victim:	
On the Arkan	sas State Police Crimes Against Children Division, received an allegation of suspected
child maltreatment iden	atifying you as an alleged offender. The allegation stated that the incident was reported on
the following date:	
Pursuant to A.C.A. 12-1	18-703, this letter is to notify you that based on the preponderance of the evidence, the
investigative agency de	termined the allegation to be true. Although you have been named as an Underaged
	name will not be placed in the Arkansas Child Maltreatment Central Registry due to your
age.	
Since your name will no	ot be be placed on the Child Maltreatment Central Registry, you will not have an
automatic administrativ	e hearing. However, you may ask for an administrative hearing by submitting a signed
request within 30 days of	of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock,
AK /2203. Administrati	ive hearings are conducted telephonically, unless the offender, his parent, guardian, or
30 days of this notice ar	earing to be held in person. The request for an in-person hearing must also be made within and mailed to the Office of Appeals & Hearing (see addresss listed above).
	is a second of the second of the second (see address instead above).
You have the right to an	attorney. If you cannot afford one, contact Legal Services.
Dymovomt to A C A S	212 18 1867 the Division of Children and D. 11 G. 11 G. 11 G. 11
supportive services for x	§12-18-1007, the Division of Children and Family Services may offer you and your family which you qualify, should you desire them. Supportive services can provide things like
tutoring, counseling, par	renting classes, and other assistance or services. Each case is different and the services
available to you may var	ry.
If you would the to	airra arramantina gamilaas arramal 1 liba maas 1 C at at at a statut
and your family please	eive supportive services, or would like more information on the services available to you contact your local county office, listed above.
min jour mining, proase	Total Jour Total Country Office, fision above.

ATOR PRINTED NAME ATOR SIGNATURE
ATOR SIGNATURE



Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age

То:
Address:
From:
Title:
Phone:
County Office:
Date: CHRIS Referral #
Re; Name of Alleged Offender:
Name of Alleged Victim: Certified Mail #
The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) The type of maltreatment was
Please review the information below that next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to you and your case.
Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).
If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.
The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.
To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little

Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

		s letter is to inform you that based on the preponderance of the evidence, the allegation for sexual abuse to be true. Although you have been named as
	juvenile offender, at this point in time Registry due to your age (13-15 year	ne your name will not be placed on the Arkansas Child Maltreatment Centraliars of age) at the time of the allegation and the fact that you have not bee eaded guilty, nolo contendere, or been found guilty of an offense on the same
	hearing. You may ask for an administ	n the registry at this point in time, there will not be an automatic administrative rative hearing by submitting a signed, request to: Office of Appeals & Hearing Rock, AR 72203; however, the request will be placed on hold until the osecution.
	of the criminal investigation, then DH or the parent can decline the automati & Hearing, SLOT N401, P.O. Bo telephonically, unless the offender, h	renile adjudication based on the same set of facts in the report at the conclusion is will refer you for an automatic administrative hearing. The juvenile offender administrative hearing by submitting a, signed request to: Office of Appeal ex 1437, Little Rock, AR 72203. Administrative hearings are conducted its parent, guardian, or attorney asks that the hearing be held in person. The be made within 30 days of this notice and mailed to the Office of Appeals &
	Under Arkansas law, persons listed of identified upon request to certain class. As a result, one's employment or absplaced on the Child Maltreatment Q	is name will be placed on the Arkansas Child Maltreatment Central Registry on the Child Maltreatment Central Registry as an offender in a true report are ses of public and private persons, including employers and volunteer agencies ility to provide volunteer services may be adversely affected if their name is entral Registry. If one's name is placed on the Child Maltreatment Central one's name may be automatically removed or one may be able to petition to ar.
	waiver of the automatic hearing or the To obtain a copy of the investigative request to the Division of Children an	be placed on the Child Maltreatment Central Registry until the receipt of the day the administrative law judge upholds the true investigative determination report, send a \$10.00 check or money order along with a written, notarized Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little antain your name, address, and the names of the child(ren) involved.
	You have the right to an attorney. If yo	ou cannot afford one; contact Legal Services.
	your family supportive services for wh	18-1007, the Division of Children and Family Services may offer you and nich you qualify, should you desire them. Supportive services can provide ting classes, and other assistance or services. Each case is different and the
	If you would like to receive supportive your family, please contact your local	e services, or would like more information on the services available to you and county office, listed above.
	Pursuant to Arkansas Code Ann. §12-1 services case for your family. The Divinaltreatment to your child or the remo	18-1010, the Division of Children and Family Services may open a protective vision shall provide services to your family in an effort to prevent additional oval of your child from your home.
CACD IN	VESTIGATOR PRINTED NAME	CACD INVESTIGATOR SIGNATURE Date
RINTED	NAME OF ALLEGED OFFENDER	SIGNATURE OF ALLEGED OFFENDER Date
		OA A DAIDON DAID

CACD-223-T2 (02/2012)



Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender

~		16-	17 Years of A	ge				
То:								
Address:								
From:								
Title:				·				
Phone:						<u>.</u>		
County Office:			A.					
Date:				CHRIS R	ferral #	- Wa		
Re: Name of Alle								
Name of Alle	eged Victim:	Allin.					.	
The Arkansas	State Police Crimes	Against Children	Division rec	eived an a	llegation o	of suspected	child :	maltreatmen
	ove named person. Th					\ \		
Pursuant to Arkinvestigative age	kansas Code Ann. §4 ency determined the a	2-18-703 this is legation to be tru	your notice t e and the offer	hat based o der's name	n the prep should be	onderance of placed in the	f the e	evidence, the Maltreatmen
Central Registry						•		
The type of malt	treatment was .		W					

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203, Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above)...

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.
services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above. П Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home. INVESTIGATOR SIGNATURE CACD INVESTIGATOR PRINTED NAME



Notice of

Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)

To:	
Address:	
From:	
Phone:	
County Office:	
Date: Re: Name of Alleged Victim(s): Name of Alleged Offender:	CHRIS Referral #
maltreatment identifying you as an alleged alleged maltreatment was Pursuant to Arkansas Code Ann. 12-18-703, 1	st Children Division received an allegation of suspected child offender. The incident was reported on (date) . The type of this is your notice that because the allegations were not supported by
a preponderance of evidence, the allegation hame will not be placed in the Child Maltreat	as been determined to be unsubstantiated, and the alleged offender's ment Central Registry
the Division of Children and Family Service qualify, should you desire them. Supportive	unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, s may offer you and your family supportive services for which you services may include tutoring, counseling, parenting classes, and event and the services available to you may vary.
If you would like to receive supportive service and your family, please contact your local cou	ees, or would like more information on the services available to you anty office, listed above.
	CACD INVESTIGATOR PRINTED NAME
	INVESTIGATOR SIGNATURE



Notice of

Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)

To:	
Address:	
From:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Victim(s):	
Name of Alleged Offender:	
maltreatment identifying you as an alleged alleged maltreatment was Pursuant to Arkansas Code Ann. 12-18-703, to a preponderance of evidence, the allegation hame will not be placed in the Child Maltreat Because that allegation has been determined the Division of Children and Family Services qualify, should you desire them. Supportive other assistance or services. Each case is differentially allegations are serviced to the control of the	unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, s may offer you and your family supportive services for which you Services may include tutoring, counseling, parenting classes, and rent and the services available to you may vary.
	CACD INVESTIGATOR PRINTED NAME
	INVESTIGATOR SIGNATURE



Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)

To:	
Address:	
From:	
Address:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Undera	nged Juvenile Offender:
Name of Victim:	
0 4 0''	
	ision of Children and Family Services or Crimes Against Children Division, received an d child maltreatment identifying you as an alleged offender. The allegation stated that the
incident was reported	
_	
Pursuant to A.C.A. §1	2-18-703, this letter is to notify you that based on the preponderance of the evidence, the
investigative agency	determined the allegation to be true. Although you have been named as an Underaged
age.	ur name will not be placed on the Arkansas Child Maltreatment Central Registry due to your
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	not placed on the Child Maltreatment Central Registry, you will not have an automatic
administrative hearing	g. However, you may ask for an administrative hearing by submitting a signed request within
Administrative hearin	to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. gs are conducted telephonically, unless the offender, his parent, guardian, or attorney asks
for that hearing to be	held in person. The request for an in-person hearing must also be made within 30 days of
	to the Office of Appeals & Hearing (see addresss listed above).
Van have the -:-14	Annual Island and Containing the Con
You have the right to	an attorney. If you cannot afford one, contact Legal Services.
Pursuant to Arkans	sas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you
and your family suppo	ortive services for which you qualify, should you desire them. Supportive services can
	oring, counseling, parenting classes, and other assistance or services. Each case is different
and the services availa	ible to you may vary.
If you would like to re	eceive supportive services, or would like more information on the services available to you

and your family, please contact your local county office, listed above.

Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home. DCFS INVESTIGATOR PRINTED NAME INVESTIGATOR SIGNATURE



Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age

To:	
Address:	
From:	
Title:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Offender: Name of Alleged Victim:	Certified Mail#
allegation of suspected child maltreatment involving the a The type of maltreatment was Please review the information below that is next to the box	as State Police's Crimes Against Children Division received are bove named people. The incident was reported on (date) es) that is/are checked. Only the information next to the checked
box(es) pertain(s) to you and your case.	
investigative agency determined the allegation to have also been adjudicated delinquent or have pleather same set of facts contained in the report the juvenile offender or the parent can decline the to: Office of Appeals & Hearing, SLOT N401, P.C. conducted telephonically, unless the offender, his	inform you that based on the preponderance of the evidence, the pe true. Because you have been named as a juvenile offender and ded guilty, noto contendere, or been found guilty of an offense on our you will automatically have an administrative hearing. It automatic administrative hearing by submitting a signed request D. Box 1437, Little Rock, AR 72203. Administrative hearings are sparent, guardian, or attorney asks that the hearing be held in the be made within 30 days of this notice and mailed to the Office of
Under Arkansas law, persons listed on the Child lidentified upon request to certain classes of public As a result, one's employment or ability to proviplaced on the Child Maltreatment Central Regist	be placed on the Arkansas Child Maltreatment Central Registry. Maltreatment Central Registry as an offender in a true report are and private persons, including employers and volunteer agencies. de volunteer services may be adversely affected if their name is ry. If one's name is placed on the Child Maltreatment Central may be automatically removed or one may be able to petition to
	the Child Maltreatment Central Registry until the receipt of the inistrative law judge upholds the true investigative determination.
request to the Division of Children & Family Ser-	a \$10.00 check or money order along with a written, notarized vices, Central Registry Unit, P.O. Box 1437, SLOT S566, Little ame, address and the names of the child (ren) involved.
You have the right to an attorney. If you cannot affi	ord one, contact Legal Services.

	Pursuant to A.C.A. § 12-18-703, investigative agency determined juvenile offender, at this point in Registry due to your age (13-15 adjudicated delinquent or have not	he allegation for sexual abuse to time your name will not be place years of age) at the time of the	o be true. Although you have be sed on the Arkansas Child Maltre allegation and the fact that you	een named as a eatment Central have not been
	Since your name will not be place hearing. You may ask for an admir SLOT N401, P.O. Box 1437, L conclusion of the investigation and	istrative hearing by submitting a ttle Rock, AR 72203; however	signed, request to: Office of Appe	eals & Hearing,
	If there is a criminal conviction or of the criminal investigation, then or the parent can decline the autor & Hearing, SLOT N401, P.O. telephonically, unless the offende request for an in-person hearing manner Hearing (see address listed above).	OHS will refer you for an automa latic administrative hearing by su Box 1437, Little Rock, AR 7 , his parent, guardian, or attoma	atic administrative hearing. The just be at the just be at the just be at the just be at the just be at the just be at the just be jus	rvenile offender ffice of Appeals are conducted in person. The
	If the hearing is waived, the offen Under Arkansas law, persons liste identified upon request to certain of As a result, one's employment or placed on the Child Maltreatment Registry, under certain circumstant have their name removed after one	d on the Child Makreatment Cer asses of public and private perso ability to provide volunteer serv Central Registry. If one's nam ses, one's name may be automat	ntral Registry as an offender in a ons, including employers and volu- rices may be adversely affected in e is placed on the Child Maltre	true report are inteer agencies. if their name is eatment Central
	The alleged offender's name will waiver of the automatic hearing or To obtain a copy of the investigat request to the Division of Children Rock, AR 72203. The request must	the day the administrative law judges of the law	dge upholds the true investigative or money order along with a wregistry Unit, P.O. Box 1437, SLO	determination. itten, notarized OT S566, Little
	You have the right to an attorney. I			
	Pursuant to Arkansas Code Ann. § your family supportive services for things like tutoring, counseling, paservices available to you may vary. If you would like to receive support	which you qualify, should you do enting classes, and other assistant	esire them. Supportive services ca ce or services. Each case is differe	nn provide ent and the
	your family, please contact your lo	al county office, listed above.		
	Pursuant to Arkansas Code Ann. §1 services case for your family. The maltreatment to your child or the re	Division shall provide services to	your family in an effort to preven	n a protective 1t additional
OCFS INV	ESTIGATOR PRINTED NAME	INVES	TIGATOR SIGNATURE	Date
PRINTED	NAME OF ALLEGED OFFENDER	SIGNA	TURE OF ALLEGED OFFENDER	Date



Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age

To:	
Address:	
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From:	
Title:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Offender:	
Name of Alleged Victim:	

The Division of Children and Family Services of Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you your family supportive services for which you qualify, should you desire them. Supportive services can pro things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different an services available to you may vary.
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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above. Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home. DCFS INVESTIGATOR PRINTED NAME INVESTIGATOR SIGNATURE



Notice of Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)

To:	
Address:	•
From:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Victim(s):	
Name of Alleged Offender:	
received an allegation of suspected child malt reported on (date) Pursuant to Arkansas Code Ann. 12-18-703, the a preponderance of evidence, the allegation has name will not be placed in the Child Maltreatm Because that allegation has been determined ut the Division of Children and Family Services qualify, should you desire them. Supportive to other assistance or services. Each case is different to the contract of the contrac	his is your notice that because the allegations were not supported by a been determined to be unsubstantiated, and the alleged offender's ment Central Registry. Insubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, may offer you and your family supportive services for which you Services may include tutoring, counseling, parenting classes, and ent and the services available to you may vary.
	DCFS INVESTIGATOR PRINTED NAME
<i>₩</i>	INVESTIGATOR SIGNATURE



Notice of Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)

To:	
Address:	
From:	
Phone:	
County Office:	
Date:	CHRIS Referral #
Re: Name of Alleged Victim(s):	
Name of Alleged Offender:	
received an allegation of suspected child malt reported on (date) Pursuant to Arkansas Code Ann. 12-18-703, the a preponderance of evidence, the allegation has name will not be placed in the Child Maltreatm Because that allegation has been determined ut the Division of Children and Family Services qualify, should you desire them. Supportive stother assistance or services. Each case is different to the child and the child you desire them.	is is your notice that because the allegations were not supported by a been determined to be unsubstantiated, and the alleged offender's ent Central Registry. Insubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, may offer you and your family supportive services for which you services may include tutoring, counseling, parenting classes, and ent and the services available to you may vary. Insubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, may offer you and your family supportive services for which you services may include tutoring, counseling, parenting classes, and ent and the services available to you may vary.
	DCFS INVESTIGATOR PRINTED NAME
₩	INVESTIGATOR SIGNATURE