



TENNESSEE DEPARTMENT OF HUMAN SERVICES
CHILD AND ADULT CARE LICENSING
CRIMINAL/JUVENILE HISTORY & STATE REGISTRY
SUPPLEMENTAL DISCLOSURE FORM

**IF YOU FALSIFY INFORMATION ON THIS FORM,
YOU WILL BE SUBJECT TO CRIMINAL PROSECUTION**

Note to Applicant: You must complete this form, sign and date on page 2, and return to Child and Adult Care Licensing by fax at **(615) 532-9956**, or mail to the address below.

**State of Tennessee
Department of Human Services
Child and Adult Care Licensing
Citizens Plaza Building, 8th Floor
400 Deaderick Street
Nashville, TN 37243-1403**

Part I Applicant Information

Last Name _____

First Name _____

Full Middle Name _____

Please list any other names you have ever used, including maiden name:

Date of Birth _____

Place of Birth (City, State) _____

Social Security Number _____

Home Address _____

City _____ County _____

State _____ Zip Code _____

Daytime Phone _____

Alternate Phone _____

Part 2 Residency History

List all the states (other than Tennessee) that you have resided in during the past five (5) years (if you need more space, please use a separate sheet):

State	From	To

Part 3 Additional Questions

Employment with a child care agency depends upon the outcome of the criminal/juvenile history background check and state administrative registry reviews. This means that if you are indicated on the Department of Children’s Services indicated abuse perpetrator Registry, the Department of Health’s Vulnerable Persons Registry, or the Tennessee Bureau of Investigation’s Sexual Offender Registry in Tennessee or an equivalent registry in any other state that you have resided in during the past five (5) years, you will not be able to be work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to the agency.

By signing, I certify that in any state I have resided in the last five (5) years, I have not been indicated and am not listed on any state administrative registries for child abuse, vulnerable persons, sex offender, or any equivalent state administrative registry. I also certify that for any state I have resided in during the past five (5) years, I am not currently charged with, have not been convicted of, pled guilty or no contest to, or otherwise committed an offense that requires exclusion from access to licensed child care agencies pursuant to Tennessee law(Tenn. Code Ann. § 71-3-507).

The penalty for falsification of the information required on this form is criminal prosecution and can result in a jail sentence of up to eleven (11) months and twenty-nine (29) days or a fine of up to twenty-five hundred dollars (\$2500), or both.

I further certify, under penalty of law, that the information I have provided is complete and accurate. I authorize the release of any records, or any information in the records, and any disclosures made in this form, to the agency at which I will be employed, to the Department of Human Services, to the appropriate state department or agency in any other state that I have resided in during the past five (5) years, and to any person or entity it may designate to assist in the review of the state administrative registries.

Print Name

Date

Applicant Signature

Date