Dear Prospective Resource Family,

You informed Lutheran Services in Iowa that you and/or members of your family resided in a state other than Iowa during the past five (5) years. By law, we need to run your name through the Child Abuse registry in the state before you can be approved as a foster and/or adoptive home. Please print off 1 form for each person age 14 or older that has lived in another state in the last 5 years.

If the state requests the form be notarized, please make sure it is signed in front of a notary before you send it back to us. Some states charge a fee to process Child Abuse registry requests, but you do not need to pay this fee. Lutheran Services in Iowa pays this fee. Please do not send us any money with your completed forms.

Do not mail the forms to the state. You can turn in your completed, signed, and dated forms at the informational session, along with the rest of the packet. If you receive the out of state forms after you have already attended a session, please mail to:

Lutheran Services in Iowa  
Attn: OOS Checks  
205 South 7th Street  
Denison, IA 51442

Thank you for your continued interest in becoming one of Iowa’s most valued families! If you have any questions, feel free to contact us at 1.844.574.7787 or at fosteradopt@lsiowa.org
STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

CENTRAL REGISTRY NAME SEARCH AUTHORIZATION
RELEASE OF INFORMATION TO THIRD PARTY

I hereby request the NH Department of Health and Human Services (NH DHHS) to conduct a name search to determine if I am listed on the state child abuse and neglect Central Registry of founded reports. My full name, other names I have used in the past, and other identifying information are listed below.

Current Full Name (please print):

Maiden Name (if applicable):

Other names I have previously used:

Date of Birth:

I understand that the results of the search will be sent to the person at the address listed below:

Name and address of person to receive result: Lutheran Services in Iowa

205 S. 7th St. Denison

Signature: ____________________________ Date: __________

State of ______________, County of ____________________, ss.

On this the _______ day of __________, 20___, before me, __________________________, the undersigned officer, (name of notary)

personally appeared ______________________, known to me (or satisfactorily proven) to be the person described (name of person)

above, and acknowledged this instrument.

Signature of notarial officer: ____________________________ My commission expires on: __________

In witness whereof I hereunto set my official seal.

Return form with self-addressed stamped envelope to:

NH Division for Children, Youth, and Families
Central Registry, Brown Building – 4th floor
129 Pleasant Street Concord, NH 03301

PD 08-20