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
Lutheran Services in Iowa is requesting a Child Abuse and Neglect Central Registry check for the following individual pursuant to the Adam Walsh Child Protection and Safety Act of 2006:

"__________________________, is an applicant for a Foster Care and/or Adoptive license in the State of Iowa and gives permission for Lutheran Services in Iowa to request a check through the Child Abuse Central Registry in ___________. Further, I give this state permission to provide any information discovered to Lutheran Services in Iowa. I understand that all information released will be for the exclusive and confidential use of Lutheran Services in Iowa."

Name: ____________________________
(First, Middle, Last name)

Date of Birth: ______/____/____ Gender: □ Male □ Female

Social Security #: ___________ - ______ - ______

Maiden Name and/or Alias/s:

__________________________________________________________________________

Previous address:

__________________________________________________________________________

Signature of Applicant: ____________________________

Signature of Lutheran Services in Iowa Representative: ____________________________

Please EMAIL Results to:
LSI OOS Checks
fosteradopt@lsiowa.org

OR

MAIL results to:
Lutheran Services in Iowa
Attn: OOS Checks
205 South 7th Street Denison, IA 51442
OR
FAX: 712-263-6061