South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
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PIERRE, SD 57501
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General Out of State Screening Release Form

South Dakota is required by Federal Law (45 C.F.R. 98.43) to conduct out-of-state background checks for people applying to work in a childcare facility in South Dakota who have lived in **Indiana** during the past five years. Please complete the following information below:

Date: _____ Phone Number: _____

Name: _____ _____ _____

First Name Middle Name Last Name

_____ _____

Maiden Name Alias

Date of Birth:_____/_____/_____Social Security Number: _____Age:_____

Race:_____Gender: Male ☐ Female ☐

Current Address:

Address:_____

City:_____State:_____Zip Code: _____

Dates at this address (Month/Year): _____

Previous addresses since birth:

Address:_____

City:_____State:_____Zip Code: _____

Dates at this address (Month/Year): _____

Address:_____

City:_____State:_____Zip Code: _____

Dates at this address (Month/Year): _____

Address:_____

City:_____State:_____Zip Code: _____

Dates at this address (Month/Year): _____

Address:_____

City:_____State:_____Zip Code: _____

Dates at this address (Month/Year): _____

E-mail address: _____

Note: The State of Indiana will send a confirmation e-mail to you requesting you verify approval of this screening request. Please check your e-mail often and respond as quickly as possible once received.