CHILD CARE APPLICANTS LIVING OUTSIDE OF NEW MEXICO
NM Early Childhood Education & Care Department (ECECD)
Abuse and Neglect Authorization

List your birth name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used. Please spell out every name, no initials. If no middle name, please indicate "NMN".

_____

_____

Social Security Number: Date of Birth:

Place of Birth (city, state, country):

Current physical address: State: Zip:

Mailing address: State: Zip:

Phone number:

Current and Previous Spouse(s)/Significant Other(s):

Full name(s)	**Date of birth, if known**	**Social Security Number, if known**

Birth, adoptive, foster, step or other children who have ever lived in your home:

Full name(s)	**Date of birth**

I hereby authorize ECECD to conduct abuse and neglect screens of information in databases in New Mexico and to release such information to the State agency making the request for child care eligibility purposes.

_____

Signature Date

FOR ECECD USE ONLY

☐ A search of the Family Automated Client Tracking System (FACTS) has been completed on the above named applicant. A record of substantiated child abuse or neglect was not found.

☐ A search of FACTS has been completed on the above named applicant. A substantiated report of abuse or neglect was found to exist and the report is as follows:

Date	Physical Abuse	Physical Neglect	Sexual Abuse

Search processed by: _____ Date _____

ECECD BACKGROUND CHECK UNIT
PO DRAWER 5619, SANTA FE, NM 87502

EMAIL: ECECD.BCU@ececd.nm.gov

PHONE: (505) 827-9910