



Dear Employee,

The state of Kentucky, Child Protection Branch-Cabinet for Health and Family Services, requires the employee to complete Child Protective Service form for purposes of making employment decisions to any organization working directly with children.

This electronic form will be completed online by Compliance Specialist after your Employment Processing appointment

You will need to provide the following information on separate piece of paper:

- Legal Name: First, Middle, and Last
- Aliases to include Maiden Name, Nicknames, Previous Married Names, or other legal name changes
- Date of Last Name Change
- Date of Birth, Phone Number, and E-mail Address
- Gender, race, and SSN
- Date hired (compliance will fill this in)
- Full Name(s) to include First, Middle, and Last, and DOB of children
- Current address and have you lived at this address for the last 5 years (Y/N)
- Addresses where you have lived within the last 5 years (is previous address international (Y/N))
- The state of Kentucky, Child Protection Branch-Cabinet for Health and Family Services **requires a copy of a valid photo ID** to be sent with the form for identity verification.

If you have any questions on this matter, please contact the Compliance Office directly at 703-791-8958/8382.

Sincerely,

Compliance Specialist  
Human Resources Department