

**CONFIDENTIAL**  
**DEPARTMENT OF JUVENILE JUSTICE**  
**CLEARINGHOUSE SCREENING REQUEST**  
*INITIAL SCREENING, AGENCY REVIEW, RESUBMISSION, RENEWAL*  
**PROVIDER EMPLOYMENT**

Detention    Residential    Probation    Prevention    Other \_\_\_\_\_

**Check one of the screening types below**

Initial Screening    Provider Share    Agency Review    Resubmission    Renewal

**Check this box if the applicant is a current or former employee/contracted employee with a Florida Law Enforcement Agency or the Florida Department of Corrections.**

A. Last Name	First Name	Full Middle Name	Maiden/Alias
Social Security #:		Race/Sex:	DOB:
		<b>Screening Request ID#</b>	
Driver's License #:		Email Address:	

<b>B. TO BE COMPLETED BY REQUESTOR</b>		
Angela Lay	(352) 244-0628 Ext. 3812	N/A
Requestor's Name (Contact Person)	Telephone Number & Ext. #	Fax Number
CDS Family & Behavioral Health Services, Inc./Human Resources	Email Address: <u>Angie_Lay@cdfsfl.org</u>	
Office/Facility/Program Name		

<b>C. FOR BSU PERSONNEL USE ONLY</b>
<i>Providers must check the Clearinghouse Portal for Results and click the "Public Rap Sheet" button to view the applicant's Florida criminal record.</i>

Apply for **EXEMPTION**   Applicant **CAN**    Applicant **CANNOT**

DHSMV records can be check by visiting <a href="http://www.hsmv.state.fl.us">http://www.hsmv.state.fl.us</a> .	
<b>Eligibility Determination:</b>	<input type="checkbox"/> <b>Eligible</b> <input type="checkbox"/> <b>Not Eligible</b>

Florida Criminal Record:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	
Judicial Inquiry System:	<input type="checkbox"/>	Yes (See Applicant)	<input type="checkbox"/>	No	
<b>Hot File:</b> *warrant- protection order-probation	<input type="checkbox"/>	Yes (See Applicant)	<input type="checkbox"/>	No	
<b>Hot File –Identified Risk:</b> *Violent Felony Offender-Career or Habitual Offender- Sexual Offender- Sexual Predator	<input type="checkbox"/>	Yes (See Rap Sheet)	<input type="checkbox"/>	No	
Subject of DJJ Reportable Incident:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	
Automated Training Management System (ATMS):	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	<input type="checkbox"/> N/A

**COMMENTS:**

Signature of Screener:	Date:
Signature of Reviewer:	Date: