Attachment 1

TRANSMITTAL FOR PARENT LOCATOR SERVICE SEARCH

This transmittal form is a request for access to the Federal and State Parent Locator Services (FPLS and SPLS, respectively) to search for/locate information contained in the FPLS and SPLS regarding the absent parent identified below who is or may be the parent of the child named below and for additional support information if available on CSMS. This request is being made by a person authorized to make such a request and such request is being made for the express purpose of locating such parent for child welfare permanency purposes pursuant to Title IV-B or Title IV-E of the federal Social Security Act.

CHILD WELFARE REQUEST FOR INFORMATION							
			Child(ren) In:				
Case Number	er:	Chil	d's Name:				
Additional (Child(ren) on Case	··		(Last Name)	(First Name)	(Middle)	
(Last Name)	(First Name)	(Middle)	(Last Name)	(First Name)	(Middle)		
(Last Name)	(First Name)	(Middle)	(Last Name)	(First Name)	(Middle)		
		Ab	sent Parent l	Information			
(Last Name) (First Name)				(Middle)			
*The follow parent is u	rity Number: [[] wing absent para nknown: ent's Father's Nam	ent information ne:	n is required on	ly if the Socia	l Security num	 lber of the abser 	nt
Absent Parent's Mother's Maiden Name:				rst Name)	(Middle)		
		(Last N	Name)	(First Name)		(Middle)	
Absent Pare	ent's City of Birth:	·		Absent Paren	t's State of Birtl	1:	
parent for ch FPLS shall l authorized b	tify that this requential welfare permains the treated as confing both federal and	nnency planning dential and shal	purposes and tha	t any informatic	on obtained thro	ugh the SPLS and	
Child Welfare/DRS Worker: Signature					Date		
			Worker Name, Telep	hone Number			
			worker Name, Telep	mone Number			
			Agency Name an	d Address			
		CSI	EU RESPONSE	TO REQUEST	,		
	appropriate record pove and CSMS w		_				e person
	tion may not be d to an agent of the		a safety concern a	and, under such	circumstances, 1	may only be disclo	osed to a
☐ No addr	ess and/or employ	ment information	on was obtained o	or is otherwise a	vailable in CSM	S for the absent p	arent.
Address	and/or employme	ent information	was obtained. Th	e information is	on the attached	page(s).	
☐ Financia	al information is a	vailable and the	information is or	the attached pa	age(s).		
CSEU Worke	r:	Signature			Date		
			W 1 W 77	1 NT 1			
			Worker Name, Telep	none Number			
		Agency Name ar	nd Address				