

Janice K. Brewer
Governor



Clarence H. Carter
Director

Date

Contract or Solicitation Number:

Name of Requestor
Address
City, State ZIP

Dear _____,

As required by the Arizona Department of Economic Security (ADES), as set forth in the terms and conditions of its contract, and also in accordance with A.R.S. § 8-804, Contractors, Subcontractors and Offerors are required to submit the “Request for Search of Central Registry for Background Check” form for each employee or prospective employee of the Contractor, Subcontractor or Offeror who provides direct services to children or vulnerable adults.

After conducting a search of the Child Protective Services (CPS) Central Registry for employees or prospective employees listed on Tracking Number _____.

Sincerely,

Division of Children, Youth and Families
Financial and Business Operations Administration
Contracts Unit

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.