



I, <u>(Applicant Name): _____</u> do hereby authorize the Department of Children and Families to research its records for any and all information concerning charges, findings, including substantiated and unsubstantiated reports and protocols, dispositions, etc. relating to child abuse or neglect in which I / my family have been named, and to release it to the agency listed below. I understand that this information will be used solely to determine my suitability for: <b>Foster Care or Adoption by:</b>						<b>(This area for DCF Use only)</b>		
Agency Name: _____						Date Processed: _____ Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO Processor's Initials: _____ History Found: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>See Attached if History Found</i>		
Agency Address (No. and Street): _____			City: _____		State: _____		Zip: _____	
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department of Children and Families in their search. <input type="checkbox"/> Applicant is DCF Employee								
Applicant Last Name: _____		Applicant First Name: _____		Middle: _____	DOB: _____		SS: _____	
Applicant Address (No. and Street): _____			Apartment #: _____	City: _____		State: _____	Zip: _____	Years at current address?: Years _____ Months _____
Previous Address(es)/List All for the Last Five Years						<input type="checkbox"/> Check if an additional sheet is necessary and attached		
Address (No. and Street): _____		Apartment #: _____	City: _____		State: _____	Zip: _____	Dates From: (Month/Year) _____	Dates To: (Month/Year) _____
							/ /	/ /
							/ /	/ /
Other Names I have Used – Including Maiden, Previous Marriages(s)						<input type="checkbox"/> Check if an additional sheet is necessary and attached		
Last Name		First Name:		Middle:	DOB:		SS:	
Name of Spouses/Other Adults in the Home – Past and Present						<input type="checkbox"/> Check if an additional sheet is necessary and attached		
Last Name		First Name:		Middle:	DOB:		Received a Careline Check within the past 2 years? (CPA must verify)	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if an additional sheet is necessary and attached		
Last Name		First Name:		Middle:	DOB:		Gender:	
This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or clearly will be returned. Do not leave any blank spaces. Please specify with "N/A" if not applicable. **DCF Conducts a Search of the CT Registry ONLY** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF								
<b>How To Submit:</b> Email: <a href="mailto:DCF.BackgroundCheck@ct.gov">DCF.BackgroundCheck@ct.gov</a>   Fax: 860-560-7071   Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106								
Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.								
Applicant Signature: _____						Date: _____		
Child Placing Agency Signature: _____						Date: _____		