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|---|--|---|------------|----------------------|---|
| I, _____ do hereby authorize the Department of Children and Families to research <i>Applicant Name</i> | | | | | |
| its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for <i>(check one)</i> : | | | | | |
| <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: | | | | | |
| Name of Agency: | | | Attention: | | |
| Address: (No. and Street): | | Apartment # | 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. | | | | | |
| Last Name | | First Name: | | Middle: | DOB: |
| Address: (No. and Street): | | Apartment #: | City: | State: | Zip: |
| | | | | | Years at current address?: Years Months |
| Previous Address(es)/List All for the Last Five Years <i>(continue on reverse side of form if necessary)</i> | | | | | <input type="checkbox"/> Check if reverse side used |
| Address: (No. and Street): | | Apartment #: | City: | State: | Zip: |
| | | | | | |
| | | | | | |
| Other Names I have Used – <i>Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)</i> | | | | | <input type="checkbox"/> Check if reverse side used |
| Last Name | | First Name: | | Middle: | DOB: |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Spouses/Other Adults in the Home – <i>Past and Present (continue on reverse side of form if necessary)</i> | | | | | <input type="checkbox"/> Check if reverse side used |
| Last Name | | First Name: | | Middle: | DOB: |
| | | | | | |
| | | | | | |
| | | | | | |
| Names of ALL Child(ren) – <i>Biological, Stepchildren Including Adult Children In or Out of the Home</i> | | | | | <input type="checkbox"/> Check if reverse side used |
| Last Name | | First Name: | | Middle: | DOB: |
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| Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Applicant Signature: | | | | | Date: |
| 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 | | | | | |
| Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071 <i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i> | | | | | |
| Date: | | Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Processors Initials: | |