

I, <i>(Applicant Name)</i> : _____ do hereby authorize the Department of Children and Families to research its records to determine whether or not I am on the <i>me</i> 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: _____	<i>(This area for DCF Use only)</i> Date Processed: _____ Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO Processor's Initials: _____
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Name of Agency <i>(requesting background check)</i> :	Attention:		
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.

Applicant Last Name	Applicant First Name:	Middle:	DOB:	SS:
Applicant Address: (No. and Street):	Apartment #:	City:	State:	Zip:
Years at current address?" Years Months				

List All Previous Applicant Address(es) 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: <small>Month Year</small>	Dates To: <small>Month Year</small>

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:	Signature (if still in the home)	Date:

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:

Do you have an active DCF investigation at this time? Yes No Do you have an active appeal of a DCF investigation at this time? Yes No

Applicant Signature:	Date:
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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.

How To Submit: Email: DCF.BackgroundCheck@ct.gov | 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.