

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: _____	<b><i>(This area for DCF Use only)</i></b> 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 <span style="float: right;"><input type="checkbox"/> <i>Check if an additional sheet is necessary, and attached</i></span>							
Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From:	Dates To:	
					Month    Year	Month    Year	

Other Names I have Used – <i>Including Maiden, Previous Marriages(s)</i> <span style="float: right;"><input type="checkbox"/> <i>Check if an additional sheet is necessary and attached</i></span>							
Last Name	First Name:	Middle:	DOB:	SS:			

Name of Spouses/Other Adults in the Home – <i>Past and Present</i> <span style="float: right;"><input type="checkbox"/> <i>Check if an additional sheet is necessary and attached</i></span>					
Last Name	First Name:	Middle:	DOB:	Signature (if still in the home)	Date:

Names of ALL Child(ren) – <i>Biological, Stepchildren, Including Adult Children In or Out of the Home</i> <span style="float: right;"><input type="checkbox"/> <i>Check if an additional sheet is necessary and attached</i></span>				
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](mailto: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.*