

I, <u>(Applicant Name)</u> _____ 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: _____	
Name of Agency <i>(requesting background check)</i> : Regional School District 17			Attention: _____				
Address: (No. and Street): 57 Little City Road			City: Higganum		State: CT		
Zip: 06441							
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"/> <i>Check if an additional sheet is necessary, and attached</i>							
Address: (No. and Street):		Apartment #:	City:	State:	Zip:		
Dates From:		Dates To:	Month Year	Month Year	Month Year		
Other Names I have Used – <i>Including Maiden, Previous Marriages(s)</i> <input type="checkbox"/> <i>Check if an additional sheet is necessary and attached</i>							
Last Name		First Name:		Middle:	DOB:		
SS:		Name of Spouses/Other Adults in the Home – <i>Past and Present</i>		<input type="checkbox"/> <i>Check if an additional sheet is necessary and attached</i>			
Last Name		First Name:		Middle:	DOB:		
Signature (if still in the home)		Date:		Name of ALL Child(ren) – <i>Biological, Stepchildren, including Adult Children In or Out of the Home</i>			
Last Name		First Name:		Middle:	DOB:		
Gender:		<input type="checkbox"/> <i>Check if an additional sheet is necessary and attached</i>					
Select One or Enter your own		Last Name					
Select One or Enter your own		First Name:					
Select One or Enter your own		Middle:					
Select One or Enter your own		DOB:					
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.							
How To Submit: Email: DCF.BackgroundCheck@ct.gov Fax: 860-560-7071 Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106 <i>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.</i>							