

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 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 checked="" type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:					(This area for DCF Use only)					
Date Processed: _____					Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Processor's Initials: _____										
Name of Agency <i>(requesting background check)</i> : Cooperative Educational Services				Attention: Christopher LaBelle						
Address: (No. and Street): 40 Lindeman Drive				City: Trumbull		State: CT		Zip: 06611		
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: 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:		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? <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 "NA" 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.										