

I, _____ do hereby authorize the Department of Children and Families to research
Applicant Name

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 (*check one*):

Employment Day Care Volunteer Intern Mentor Other:

Name of Agency: Adelbrook			Attention: Human Resources		
Address: (No. and Street): 600 Corporate Row		Apartment #	City: Cromwell		State: CT
					Zip: 06416

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:	SS:
Address: (No. and Street):		Apartment #:	City:		State:	Zip:
						Years at current address?: Years Months

Previous Address(es)/List All for the Last Five Years (*continue on reverse side of form if necessary*) Check if reverse side used

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) (*continue on reverse side of form if necessary*) Check if reverse side used

Last Name		First Name:		Middle:	DOB:	SS:

Name of Spouses/Other Adults in the Home – Past and Present (*continue on reverse side of form if necessary*) Check if reverse side used

Last Name		First Name:		Middle:	DOB:	Signature (if still in Home)	Date:

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home Check if reverse side used

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: _____

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
DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE

Date:	Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Processors Initials:
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