

I, _____ <p style="text-align: center;"><i>Applicant Name</i></p> do hereby authorize the Department of Children and Families to research its records for any and all information concerning charges, findings, including substantiated and unsubstantiated reports and protocols, dispositions, etc. relating to child abuse or neglect in which I / my family have been named, and to release it to the agency listed below. I understand that this information will be used solely to determine my suitability for: Foster Care or Adoption by: _____ <p style="text-align: center;"><i>Agency Name / Address / City / State / Zip</i></p>	(This area for DCF Use only)					
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. <input type="checkbox"/> Applicant is DCF Employee						
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 <i>(continue on reverse side of form if necessary)</i> <input type="checkbox"/> 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 – <i>Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)</i> <input type="checkbox"/> Check if reverse side used						
Last Name	First Name:	Middle:				
Name of Spouses/Other Adults in the Home – <i>Past and Present (continue on reverse side of form if necessary)</i> <input type="checkbox"/> Check if reverse side used						
Last Name	First Name:	Middle:	DOB:	Received a Careline Check within the past 2 years? <i>(CPA must verify)</i>		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Names of ALL Child(ren) – <i>Biological, Stepchildren Including Adult Children In or Out of the Home</i> <input type="checkbox"/> Check if reverse side used						
Last Name	First Name:	Middle:	DOB:	Gender:		
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						
Applicant Signature:				Date:		
Child Placing Agency Signature:				Date:		