

AUTHORIZATION FOR RELEASE OF INFORMATION FROM DCF

NOTE: A separate "Authorization for Release of Information from DCF" form must be completed by each employee of a childcare facility and each member of a family day care provider's home who is 16 years of age or older.

I, **(Your name)** _____, do hereby authorize the Department of Children and Families (DCF) to research their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse, neglect, substance abuse, education, HIV, psychological, psychiatric and any other medical information in which I, have been named, and to release this information in whole to the Office of Early Childhood (OEC). I further authorize the OEC to release any final DCF substantiations of abuse or neglect to the Director/Operator or other person in charge of a childcare facility for purposes of determining my suitability or the suitability of an adult who resides in my household to provide childcare services. I release the DCF and OEC from any liability for any damages I may incur, which may result from the release or use of this information. I submit the following information to assist DCF in their search and to assist the OEC in the licensing decision. This release is valid throughout the term of the license or approval.

Type of Child Care Facility (Check One):

- FAMILY DAY CARE HOME (Circle one): PROVIDER / HOUSEHOLD MEMBER / SUBSTITUTE / ASSISTANT
- CHILD DAY CARE CENTER GROUP DAY CARE HOME

Name of Provider OR Facility: _____

Address (No./Street/City/State/Zip): _____

Day Care License #(s): _____
(Enter "PENDING" if New License)

<u>YOUR INFORMATION:</u> Name _____ Date Of Birth ____/____/____	
<input type="checkbox"/> Male <input type="checkbox"/> Female (Check One)	Telephone Number _____ Social Security Number ____-____-____
Other names you have used (maiden, married, etc.) _____ (Enter "N/A" for none)	
<u>YOUR SIGNATURE:</u> _____	<u>CURRENT DATE:</u> _____

<u>YOUR RESIDENCE FOR THE LAST FIVE YEARS</u>					
No. and Street	City	State	Zip Code	# Years / # Months	
1. PRESENT Address: _____	_____	_____	_____	How long did you live there?	____/____
2. PREVIOUS Address: _____	_____	_____	_____	How long did you live there?	____/____
3. PREVIOUS Address: _____	_____	_____	_____	How long did you live there?	____/____

Continue on the reverse side of this form if necessary.

INFORMATION BELOW MUST BE COMPLETED BY ALL FAMILY DAYCARE HOMES

<u>CHILDREN WHO HAVE LIVED WITH YOU</u> List all the children who have <u>ever</u> lived with you.						
First Name	Last Name	Date of Birth	Sex (Check One)		Social Security Number	Lives or lived with you (Check One)
_____	_____	(____/____/____)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	____-____-____	<input type="checkbox"/> Presently <input type="checkbox"/> Previously
_____	_____	(____/____/____)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	____-____-____	<input type="checkbox"/> Presently <input type="checkbox"/> Previously
_____	_____	(____/____/____)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	____-____-____	<input type="checkbox"/> Presently <input type="checkbox"/> Previously
_____	_____	(____/____/____)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	____-____-____	<input type="checkbox"/> Presently <input type="checkbox"/> Previously

Continue on the reverse side of this form if necessary.

CHECK HERE IF USING REVERSE SIDE

Return Form to: Connecticut Office of Early Childhood Legal Division 410 Capitol Avenue, MS#12CBR P.O. Box 340308, Hartford, CT 06134-0308
