



AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH



03/2014

I _____ do hereby authorize the Department of Children and Families to research
(print applicant name)

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: _____
(Agency name / address / city / state / zip)

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 Dept. of Children and Families in their search.

Applicant is a DCF Employee (PLEASE PRINT CLEARLY IN INK)

For DCF Use

NAME _____ Date of Birth ____/____/____
Last First Middle

ADDRESS _____ Social Security Number (SSN) ____/____/____
Street [no P.O. boxes] Apt# City
State Zip Code How long at current address _____ YRS _____ MOS

PREVIOUS ADDRESS(es) / LIST ALL FOR THE LAST FIVE YEARS (continue on reverse side of form if necessary) check if reverse side used

Street	Apt #	City/Town	State	Zip Code	Dates (mos./yr-mos./year)

OTHER NAMES I HAVE USED (Including MAIDEN, PREVIOUS MARRIAGES): check if reverse side used

Last	First	Middle

NAMES OF ALL CURRENT HOUSEHOLD MEMBERS (Per Definition in CPA Regulations) check if reverse side used

Last Name	First Name	Middle Name	DOB	Please check appropriate box
				Received a Careline Check within the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No* Age 16 or over <input type="checkbox"/> Yes <input type="checkbox"/> No
				Received a Careline Check within the past 2 years? Yes <input type="checkbox"/> No* <input type="checkbox"/> Age 16 or over <input type="checkbox"/> Yes <input type="checkbox"/> No
				Received a Careline Check within the past 2 years? Yes <input type="checkbox"/> No* <input type="checkbox"/> Age 16 or over <input type="checkbox"/> Yes <input type="checkbox"/> No
				Received a Careline Check within the past 2 years? Yes <input type="checkbox"/> No* <input type="checkbox"/> Age 16 or over <input type="checkbox"/> Yes <input type="checkbox"/> No

*An Authorization for Release of Information for DCF CPS Search must be completed on this individual

NAMES of ALL CHILD(REN) : _____ / ____ / ____
Biological, Stepchildren Last First Middle gender DOB
Including adult children _____ / ____ / ____
out of the home Last First Middle gender DOB

check if reverse side used. The accuracy of this search is limited to the information provided by the applicant to DCF,
**** FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED****

DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.
FAX to: DCF Careline Background Check Unit at 860-560-7071

DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ Child Placing Agency Staff Signature: _____