



**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: **Waterford Country School/ 2 Clinic Drive, Norwich, CT 06360 .**  
(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 Including adult children out of the home**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle gender DOB  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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: \_\_\_\_\_