## Connecticut Department of Children and Families AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031 7/2022 (Rev.)



I, (Applicant Name): do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, 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 for (check one):    Employment   Day Care   Volunteer   Intern   Mentor   Other															
I release the Department of C	I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.														
Name of Agency (requesting background check)							Attention:								
Address: (No. and Street):					City:			Sta	State:			Zip:			
I submit the following information to assist the Department of ChidIren and Families in their search.															
Applicant Last Name: Applicar			ant First N	nt First Name:			Middle:					DOB:			
Applicant Address: (No. and Street):			Apt. #	City:			State:		e:	Zip:		Start date at current address: (mm/dd/yyyy)			
List all previous applicant addresses for the last five years							☐ Check if an additional s					neet is necessary, and attached			
Address (No. and Street):				Apt. #	.# (		ity:	State:		Zip:		Dates Fr (mm/dd/y		To (mm/dd/yyyy)	
Other names I have used (including preferred names, maiden, and previous marriages)   Check if an additional sheet is necessary, and at											nd attached				
Last Name:			First	First Name:				Middle Name:							
Names of ALL children - biolo	of the	of the home)					heet is necessary, and attached								
Last Name: First Name:				Mi	ddle:			DOB:		Gender:					
										☐ Fema	le [	Male		Other	
										☐ Fema	le [	] Male		Other	
										☐ Fema	le [	] Male		Other	
This authorization will expire 180 days after the date of the signature															
Applicant Signature:										Da	te:				
bgc.verification@ct.go	Submit at <a href="https://portal.dcf.ct.gov/Portal/Main/#dashboard">https://portal.dcf.ct.gov/Portal/Main/#dashboard</a> . To enroll your agency in the portal, please contact bgc.verification@ct.gov.													ontact	