

AUTHORIZATION FOR RELEASE OF INFORMATION FROM DCF

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

I, **(Your name)** _____, do hereby authorize the Connecticut 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) for the purpose of completing a comprehensive background check. I further authorize the OEC to release any final DCF substantiations of abuse or neglect which resulted in placement on the central registry to the Director/Operator or other designee of a child care facility for purposes of determining my eligibility for employment, or assessing my household environment based on an individual 16 years of age or older who resides in my household being used as a family child care home. 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. This release is valid for a term of five years from the date of signature unless rescinded in writing.

REQUIRED: I attest that I have been employed in a child care facility in Connecticut during the previous 180 days. ___ True or ___ False

Type of Child Care Facility and Your Role at the Facility

- FAMILY CHILD CARE HOME (CHECK ONE ROLE): Provider Household Member Substitute Assistant
- CHILD CARE CENTER (CHECK ONE ROLE): Staff Volunteer
- GROUP CHILD CARE HOME (CHECK ONE ROLE): Staff Volunteer RELATIVE PROVIDER

Name of Family Provider or Facility: _____

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

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

YOUR INFORMATION: 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)	
Email address: _____	

<u>YOUR RESIDENCE FOR THE LAST FIVE YEARS</u>					
No. and Street	City	State	Zip Code	Starting month & year/ Ending month & year	
1. CURRENT Address: _____	_____	_____	_____	____/____	through ____/____
2. PREVIOUS Address: _____	_____	_____	_____	____/____	through ____/____
3. PREVIOUS Address: _____	_____	_____	_____	____/____	through ____/____

Attach additional page if necessary.

FAMILY CHILD CARE HOME Providers must complete the information below

CHILDREN WHO HAVE LIVED WITH YOU List all the children who have <u>ever</u> lived with you, even if they are now adults.					
First Name	Last Name	Date of Birth	Sex (Check One)		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

Attach additional page if necessary.

YOUR SIGNATURE: _____

DATE: _____