



**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
FOSTER CARE or ADOPTION DCF CPS SEARCH**



DCF-3033
12/12 (Rev)

I, _____
(print applicant name)

For DCF Use

do hereby authorize the Department of Children and Families to research 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)

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

ADDRESS _____
Street [no P.O. boxes] Apt# City State Zip

How long at current address _____ YRS _____ MOS Social Security ____/____/____

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

Street	Apt #	City/Town	State	Zip Code	Dates (month/year-month/year)

check if reverse side used

OTHER NAMES I HAVE USED (Including MAIDEN, PREVIOUS MARRIAGES):

Last	First	Middle

check if reverse side used

NAMES OF CURRENT HOUSEHOLD MEMBERS (Per Definition in CPA Regulations) AGE 16 & Over

Last Name	First Name	Middle Name	DOB	Received a Careline Check within the past 2 years? CPA must verify
				<input type="checkbox"/> Yes <input type="checkbox"/> No*
				<input type="checkbox"/> Yes <input type="checkbox"/> No*

check if reverse side used * An Authorization for Release of Information for DCF CPS Search must be completed on this individual

NAMES of ALL CHILD(REN): Including adult children, biological and stepchildren in or 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: _____