



AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH



5/09

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

their 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 _____ 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)

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	Social Security #	Received a Hotline 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) :

Biological, Stepchildren
Including adult children
in or out of the home

Last	First	Middle	sex	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****

DATE: _____

APPLICANT SIGNATURE: _____

DATE: _____

Child Placing Agency Staff Signature: _____

For DCF Use