

INTERNAL REVIEW REQUEST

DCF-2214

7/2022 (Rev)

**CASE REQUIRING PLACEMENT**

Case Name:	Link #:	Date Placement to Occur:
------------	---------	--------------------------

REQUESTOR

DCF Staff Requesting Review:	Title:
Area Office:	Phone #:

Type of Review: Barrier Review Emergency Review**APPELLANT**

Appellant Name: (include all possible aliases)

Appellant DOB:	Appellant Race:	Appellant Ethnicity:
----------------	-----------------	----------------------

Appellant email address (if no email, please provide a mailing address)

Case Name: Link / CMS #

Case Name: Link / CMS #

Case Name: Link / CMS #

ADDITIONAL INFORMATION

Type of Barrier: (Please provide a brief summary):

Relevant Criminal History (Please summarize any available information. A formal criminal history check, ie. DCF-004, is not necessary.):

(This section is required if the client is currently on the central registry.) Please provide any current information that demonstrates how the appellant's circumstances changed since they were placed on the central registry? (I.e. Completed parenting classes, participated in counseling, has maintained sobriety for x number of years, etc....)

For Barrier Reviews forward to: dcf.barrierplacements@ct.gov

For Emergency Reviews forward to: dcf.emergencyplacements@ct.gov