

State of Connecticut Department of Children and Families
UNIVERSAL BACKGROUND CHECK REQUEST FORM
 DCF-004 (New 8/2021)

Case ID		Case Name	
Child (ren)			
Provider ID		Provider Name	
Provider Address		Provider Phone #	

Safety Concern: _____

Purpose

Intake	Alleged Perp Family Arrangement	Courtesy Visit 96hh or OTC	Ongoing	Safety Assessment - SDM Probate SPRC Check 96hh or OTC Family Arr.	Foster Care	Kinship/Fictive Kin Placement Core - Adoptive Successor Guardianship	Caregiver Renewal ICPC	Date of Core & Adoption application:	
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Type of Record Check Requested

Criminal History- Connecticut State Police Check	<input type="checkbox"/>	Department of Motor Vehicle	<input type="checkbox"/>								
Criminal History- Local PD Record Check	<input type="checkbox"/>	CPS History	<input type="checkbox"/>								
Criminal History- National Record	<input type="checkbox"/>	Criminal History- National Record	<input type="checkbox"/>								
Emergency Placement <ul style="list-style-type: none"> Must have 96hh or OTC Must include LINK ID and date of initiated investigation MUST BE FINGERPRINTED WITHIN 5 days 	<table border="1"> <tr> <td>Case Id</td> <td></td> </tr> <tr> <td>Investigation Commencement</td> <td></td> </tr> </table>	Case Id		Investigation Commencement		<ul style="list-style-type: none"> Only for active abuse, neglect & exploitation investigations People under or involved in investigation One check per investigation- NO RE-CHECKS 	<table border="1"> <tr> <td>Case Id</td> <td></td> </tr> <tr> <td>Investigation Commencement</td> <td></td> </tr> </table>	Case Id		Investigation Commencement	
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LAST NAME	FIRST NAME	DOB	GENDER	Race	All other names, AKA, married names, or maiden	Relationship to Person of Interest or Candidate	Relationship to Child
						Choose an item.	

Required for Foster Care

	Check Completed	Results	Initials of Completer	Region of Completer	Date completed
LINK Case, Person, Provider, Perp, CMS					
Police Dept. Local Record Check					
Connecticut State Police Check					
Department of Motor Vehicle					
Fingerprint Results					

Optional for Foster Care

Protective Order Checks					
Sex Offender					
Judicial Pending					
Dept of Public Health					

Comments

Position	Name	Signature	Date
FC PS			
CPS PS			
CPS SWS			
CPS SW			

NOTE: Any request involving more than one Region requires a discussion between both Regional teams before placement occurs.