

UNIVERSAL BACKGROUND CHECK REQUEST FORM

DCF-004
(Rev. 8/2025)

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

Safety Concern:	Choose an item
Valid Photo ID:	Yes/No

Purpose			
Intake	<input type="radio"/> Alleged Perp <input type="radio"/> Courtesy Visit <input type="radio"/> ACA/TLA <input type="radio"/> 96hh or OTC	Ongoing	<input type="radio"/> Safety Assessment - SDM <input type="radio"/> Probate SPRC Check <input type="radio"/> 96hh or OTC <input type="radio"/> ACA/TLA
		Foster Care	<input type="radio"/> Kinship/Fictive Kin Placement <input type="radio"/> Core - Adoptive <input type="radio"/> Caregiver Renewal <input type="radio"/> Successor Guardianship <input type="radio"/> CPC
			Date of Core & Adoption application:

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 Code X- National Record	<input type="checkbox"/>	Criminal History Code C National Record	<input type="checkbox"/>								
Emergency Placement <ul style="list-style-type: none"> Must have 96hh or OTC Must include Case ID and date of initiated investigation MUST BE FINGERPRINTED WITHIN 10 days 	<table border="1"> <tr><th>Case ID</th><td></td></tr> <tr><th>Investigation Commencement</th><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><th>Case ID</th><td></td></tr> <tr><th>Investigation Commencement</th><td></td></tr> </table>	Case ID		Investigation Commencement	
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	Choose an Item		Choose an Item	Choose an Item
			Choose an Item	Choose an Item		Choose an Item	Choose an Item
			Choose an Item	Choose an Item		Choose an Item	Choose an Item
			Choose an Item	Choose an Item		Choose an Item	Choose an Item
			Choose an Item	Choose an Item		Choose an Item	Choose an Item

Required for Foster Care

	Check Completed	Results	Initials of Completer	Region of Completer	Date completed
CPS Records	Select	Select			
Connecticut State Police Check	Select	Select			
Department of Motor Vehicle	Select	Select			
Fingerprint Results	Select				

Optional for Foster Care

Protective Order Checks	Select	Select			
Sex Offender	Select	Select			
Judicial Pending	Select	Select			
Dept. of Public Health	Select	Select			
Police Dept. Local Record Check	Select	Select			

Comments			
Position	Name	Signature	Date
FCD 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.