

**DCF-004, UNIVERSAL BACKGROUND CHECK REQUEST FORM  
INSTRUCTIONS**

**Purpose:**

To address inconsistency and clarify appropriate use of state and national criminal history Information systems.

**Authority:**

The department is authorized to conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) through the State Police Record Check (SPRC) and the FBI National Crime Information Center (NCIC). The department is obligated to ensure the information is secure and protects the individual's privacy; it's accessed by authorized users and the access complies with the approved purposes; and it has policy and procedures adhering to the regulations.

**References:**

- [Title 28, C.F.R., Parts 20 & 25, Section 50, and Chapter IX;](#)
- FBI CJI Security Policy [2020 CJIS Security Policy version 5-9](#)
- Connecticut General Statute – Criminal History Checks and Fingerprinting
  - [CGS 17a-114](#) - Licensure
  - [CGS 17a-101g](#) - Investigations and Safety Assessments
  - [CGS 17a-115a](#) - Emergency Placements
  - [CGS 17a-6a](#) - Employment & Contractor -
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**Replaces:**

All version of authorized and unauthorized forms of the DCF-005 Background Searches form, DPS-NCIC Request for Criminal Records Search/ NCIC Request Unofficial, DCF- 2113 Request for Criminal Records and Diligent Search Checklist.

**Location:**

[Policy Forms - Numerical Index \(ct.gov\)](#)

**Note:**

The form is formatted to hide certain "type of record check" fields to correspond with approved purpose.

The document is a multipurpose document; therefore, use the fields that apply.

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**Fields:**

**CASE OR PROVIDER INFORMATION**

Enter applicable information

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

**SAFETY CONCERN**

Type of Record Check Requested	<input type="text" value="Choose an item"/> Choose an item Firearms - Weapons Assault - Extreme Domestic Violence Other Violent Incident (refer to comments section)
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To be used for the safety of the investigation social worker during hostile and/or volatile incidents. Select category, and articulate safety concern in detail in the comment section.

**PURPOSE**

**Who is making the request?** Intake, Ongoing, or Foster Care

**What is the purpose of the request?** Under the corresponding division, select the purpose of the request

**Intake**

**Categories** are Alleged Perpetrator (**select this option for all investigation types**), Family Arrangement, Courtesy Visit, and 96 Hour Hold / OTC

**What Not To Do**

Family arrangements & Courtesy Visits- Cannot perform ANY National Check

Alleged Perpetrator- Cannot perform EMERGENCY PLACEMENT (Code X) National Check

**Ongoing**

**Categories** are Safety Assessment-SDM, Probate SPRC Check, Family Arrangement and 96 Hour Hold OTC

**What Not To Do**

Family arrangements, Probate Study, SDM Safety & Courtesy Visits- Cannot perform ANY National Check

**Foster Care**

**Categories** are Kinship/Fictive Kin Placement, Core-Adoptive, Caregiver Renewal, Subsidized Guardianship, and ICPC

**What Not To Do**

Cannot perform ANY name-based National Check

**TYPE OF RECORD CHECK REQUESTED**

**Intake**

- Used during the 45-day investigation period
- Must include Case Id and Investigation Commencement Date
  - Yes, if the person is causing, leading, intervening or party to the abuse or neglect of the identified child or children
  - clearly articulate and document justification

*\*\* Multiple queries can have adverse impact to an individual's potential future interactions with Law Enforcement*

**Family Arrangements**

- For the IDENTIFIED Resource ONLY; **not** as a rule out for potential candidates

**Ongoing**

- Safety Factor leading to removal

**Probate**

- For the probate study - result can only be summarized for courts

**Foster Care**

- Core/Adopt: With a **signed** application
- Renewal: With a **signed** Renewal Application
- Kinship/Fictive Kin: with Assessment 17a-114

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### NAMES AND DEMOGRAPHIC

Provide the name of the “subject” for whom a criminal check is needed, verify spelling, indicate gender and date of birth, race and select the relationship to the “Subject”

LAST NAME	FIRST NAME	All other names, AKA, married names, or maiden	GENDER	DOB	Race	Relationship to Person Interest or Candidate	Relationship to Child
			Choose an item.		Choose an item.	<ul style="list-style-type: none"> <li>Choose an item.</li> <li>Choose an item.</li> <li>Self</li> <li>Caregiver 1</li> <li>Caregiver 2</li> <li>Household Member</li> <li>Alleged Perpetrator</li> </ul>	<ul style="list-style-type: none"> <li>Choose an item.</li> <li>Choose an item.</li> <li>Choose an item.</li> <li>Paternal Kin</li> <li>Maternal Kin</li> <li>Fictive Kin</li> <li>Other</li> <li>Mother</li> <li>Father</li> <li>Alleged Perpetrator</li> <li>Household Member</li> </ul>

### CHECK

The individual performing the check, records their results in this section. For the Foster Care Division, this section is divided into required and optional checks. Please refer to policy 24-1 and practice guide for more information.

**Results** options are "record found" or "no record found." Individual performing the check selects the appropriate response.

**Initial of completer** means the individual performing the check, i.e. clerical team

**Region of completer** means the region of the individual performing the check

**Date completed** means the date the individual completed the check

Required for Foster Care						
	Check Completed	Results	Initials of Completer	Region of Completer	Date completed	comments
LINK Case, Person, Provider, Perp, CMS	Choose an item.	Choose an item.		Choose an item.		
Police Dept. Local Record Check	Choose an item.	Choose an item.				
Connecticut State Police Check	Choose an item.	Choose an item.				
Department of Motor Vehicle	Choose an item.	Choose an item.				
Fingerprint Results	Choose an item.	Choose an item.				
Optional for Foster Care						
Protective Order Checks	Choose an item.					
Sex Offender	Choose an item.	Choose an item.				
Judicial Pending	Choose an item.	Choose an item.				
Dept of Public Health	Choose an item.	Choose an item.				

	<i>During Family Search and Engagement</i> The process of establishing/exploring the pool of potential kin candidates	Kin Resource for the child is identified and has agreed to be a resource <b>NON EMERGENCY</b>	Kin Resource for the child is identified and has agreed to be a resource <b>EMERGENCY</b>
	NO APPLICATION	APPLICATION REQUIRED To run collect check	OTC approved or 96 HH approved To run Code X APPLICATION to be completed within 2 days
LINK Case, Person, Provider, Perp, CMS	YES run	YES run	YES run
Police Dept. Local Record Check	⊕ If available, can run/request	YES run/request	YES run/request
Connecticut State Police Check	NO	YES run 16 and older ( <b>NOT CODE X</b> )	YES run 16 and older
Department of Motor Vehicle	NO	YES run	YES run
Fingerprint Results	NO	As soon as placement happens	If emergency, code x used, Yes, for 16 and older, <b>within 5 days</b> (Need 96HH or OTC approved)
Protective Order Checks	YES	Yes	Yes
Sex Offender	YES	Yes	Yes
Judicial Pending	YES	Yes	Yes
Dept of Public Health	YES	Yes	Yes

### COMMENTS

This space is for individual performing the check to provide comment or additional detail, if needed

Comments

### SIGNATURES

For documentation, signature is required.

### STORING

Forms shall be saved in the P:Drive and/or edoc