

Connecticut Department of Children and Families
AUTHORIZATION FOR FOSTER CARE OR ADOPTION DCF CPS BACKGROUND CHECK

DCF-3033
 7/2022 (Rev.)



I, (*Applicant Name*): _____ do hereby authorize the Department of Children and Families to research its records for any and all information concerning reports, findings, including substantiated and unsubstantiated allegations and protocols, dispositions, etc. relating to child abuse or neglect in which I 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 the submitting agency.

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

Name of Agency (requesting background check)		Attention:	
Address: (No. and Street):	City:	State:	Zip:

I submit the following information to assist the Department of Children and Families in their search. Applicant is a DCF Employee

Applicant Last Name:	Applicant First Name:	Middle:	DOB:
Applicant Address: (No. and Street):	Apt. #	City:	State: Zip: Start date at current address: (mm/dd/yyyy)

List all previous applicant addresses for the last five years Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle Name:

Names of ALL children - biological/step (Including adult children in or out of the home) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature.

Applicant Signature:	Date:

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact bgc.verification@ct.gov.

For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov.