

Department of Children and Families One on One Mentoring Program

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Authorization for Release of DCF, DMV, DPS Information

Pursuant to Connecticut General Statutes Sec. 17a-28, I hereby give the Connecticut Department of Children and Families permission to search their records, as well as Department of Motor Vehicles and Department of Public Safety records, and release any and all information concerning charges, findings, dispositions, etc. relating to child abuse or neglect, as well as vehicular and criminal law matters, in which I have been named, to:

(Use the "TAB" key to move to the next field - Do not use the "Enter" key)

Please *Print Clearly* in Ink or Type

Local Agency Name : KIDSAFE CT			
Agency Address : 19 Elm Street	City: Rockville	State: CT	Zip Code: 06056

I release the Connecticut Department of Children and Families from any liability for any damages I may incur which may result from the release or use of this information.

I submit the following information to assist the Connecticut Department of Children and Families in their search.

Please *Print Clearly In Ink or Type*

Your Last Name:	First Name:	Middle Name:
Address:	Driver's License Number:	Date of Birth:
	Gender:	Social Security #:

Previous Addresses: (List all addresses for the past 5 years – please use an extra sheet if necessary)

Address:	State:
City:	Zip Code:

Address:	State:
City:	Zip Code:

Aliases (also known as) and/or Maiden Name:

Last Name	First Name	Middle Name

Signature: _____ Date _____



3/2010

Authorization for Release of Information for DCF CPS Search



I, _____ do hereby authorize the
(Type Applicant Name)

Department of Children and Families to research their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse or neglect in which I/my family may have been named, and to release it to the agency listed below.

I understand that this information will determine my suitability solely for (check one):

- Employment
 Day Care
 Volunteer
 Intern
 Mentor
 Other

For DCF Use

By: _____
Agency Name / Address
City / State / Zip Code

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY. LEAVE NO BLANK SPACES.

Name: _____ Date of Birth: _____
 Last First Middle Social Security #: _____
 Address: _____ How Long at Current Address: _____
 Street (No P.O. Boxes) Apartment No. Yrs. Mos.
 City State Zip Code

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						Dates	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	From To		
					Month/Yr.	Month/Yr.	

Other Names I have Used - Including Maiden, Previous Marriages(s)		
Last	First	Middle

Name of Spouses/Other Adults in the Home - Past and Present					
Last	First	Middle	D.O.B. Month/Day/Year	Social Security #	Signature/Date (If Still in the Home)

Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home				
Last	First	Middle	Sex	D.O.B. Month/Day/Year

Date: _____ Applicant Signature: _____



DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities



BACKGROUND CHECKLIST

(For DCF Use Only)

Name:	DOB:
Program:	Month/ Year:

Report	Date	LAST Name, First Name <small>(of who completed the check)</small>	Issues
State Police			Yes <input type="checkbox"/> No <input type="checkbox"/>
DMV Check			Yes <input type="checkbox"/> No <input type="checkbox"/>
Link Check			Yes <input type="checkbox"/> No <input type="checkbox"/>
CMS Check			Yes <input type="checkbox"/> No <input type="checkbox"/>

- Terminated
- Please continue intake process.
- Completion is pending, do not continue intake process until the following is met:
 - The conditions above were met. Please continue intake process.

Date Form Completed: _____

* Original copies of all checks and releases will be kept on file with the Department of Children and Families, Adolescent and Transitional Services Bureau. Please retain a copy of this form in your Mentor Program files for any future reference. If the answer is YES to any of these reports, please see attached copy or copies of information obtained.