

Connecticut Department of Children and Families
AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031
 7/2022 (Rev.)



Page 1 of 1

I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one):
☐ Employment ☐ Day Care ☐ Volunteer ☐ Intern ☐ Mentor ☐ Other

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 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.