

**Department of Children and Families**  
**CT. Abuse and Neglect Central Registry**  
**Background Check Procedure**

The procedural steps for an individual background check of the Connecticut Abuse and Neglect Central Registry are as follows:

1. The individual requesting a background check completes the "AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH" form.

Please Note:

- All information requested in the form must be provided in a clear and legible manner.

2. Once completed, the form is submitted to:

Department of Children and Families  
Hotline Background Searches  
505 Hudson Street  
Hartford, CT. 06106

3. The Department of Children and Families (DCF) conducts a search of the Central Registry data base.

4. DCF provides a written response sent to the employer identified on the AUTHORIZATION form. The response summarizes the results of the Central Registry search as Pass or Fail.

If Pass, the AUTHORIZATION is returned stamped as "no record found".

If Fail, the circumstances of the initial Report of Suspected Abuse and Neglect and the date of the substantiation of abuse or neglect are provided.

DCF may be contacted for additional information including a copy of the DCF investigation that resulted in a substantiation of abuse and/or neglect.

5. So that ABH may receive the results to process the application, please enclose a stamped envelope addressed to:

Advanced Behavioral Health, Inc.  
Attn: DCF Credentialing Department  
213 Court Street  
Middletown, CT 06457

**Authorization for Release of Information for DCF CPS Search**



I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research  
(Type Applicant Name)

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

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

Attention: **Advanced Behavioral Health**  
Agency: **ATTN: DCF Credentialing Dept. - S. Tkacs**  
Address: **213 Court St., Middletown CT 06457** State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
City: \_\_\_\_\_

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: \_\_\_\_\_ Apartment No. \_\_\_\_\_  
 Street (No P.O. Boxes) How Long at Current Address: \_\_\_\_\_  
 City State Zip Code Yrs. Mos.

**Previous Address(es) List All for the Last Five Years (continue on reverse side of form if necessary)**  Check if reverse side used

Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates	
					From Month/Yr.	To Month/Yr.

**Other Names I have Used - Including Maiden, Previous Marriages(s)**  Check if reverse side used

Last	First	Middle

**Name of Spouses/Other Adults in the Home - Past and Present**  Check if reverse side used

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**  Check if reverse side used

Last	First	Middle	Sex	D.O.B. Month/Day/Year

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE  
FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED

\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

**Mail to: DCF Hotline Background Searches - 505 Hudson Street - 5<sup>th</sup> Floor - Hartford, CT 06106**

**DCF-CT HOTLINE CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE**

DATE: \_\_\_\_\_ RECORD FOUND: YES \_\_\_\_\_ NO \_\_\_\_\_ Processor's Initials: \_\_\_\_\_