

**AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)**

DCF-3031

7/2022 (Rev.)



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)

**Town of Waterford**

Attention:

**Christine Walters, HR Director**

Address: (No. and Street):

**15 Rope Ferry Road**

City:

**Waterford**

State:

**CT**

Zip:

**06385**

**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:

☐ Female ☐ Male ☐ Other

☐ Female ☐ Male ☐ Other

☐ Female ☐ Male ☐ 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](mailto:bgc.verification@ct.gov).**

**For questions or support, please contact the Background Check Unit at [bgc.verification@ct.gov](mailto:bgc.verification@ct.gov).**