

Connecticut Department of Children and Families  
**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) <b>Town of Waterford</b>	Attention: <b>Christine Walters, HR Director</b>		
Address: (No. and Street): <b>15 Rope Ferry Road</b>	City: <b>Waterford</b>	State: <b>CT</b>	Zip: <b>06385</b>

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

Applicant Last Name:	Applicant First Name:	Middle:	DOB:
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Applicant Address: (No. and Street):	Apt. #	City:	State:	Zip:	Start date at current address: (mm/dd/yyyy)
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List all previous applicant addresses for the last five years		<input type="checkbox"/> 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)		<input type="checkbox"/> 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)		<input type="checkbox"/> 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:
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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).