

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>ND DHHS, Criminal Background Check Unit</b>	Attention:
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Address: (No. and Street): <b>600 E. Blvd Ave, Dept 325</b>	City: <b>Bismarck</b>	State: <b>ND</b>	Zip: <b>58505-0250</b>
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**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**       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:
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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).**