AUTHORIZATION FOR RELEASE OF INFORMATION FROM DCF

NOTE: A separate "Authorization for Release of Information from DCF" form must be completed by each employee of a childcare facility and each member of a family day care provider's home who is 16 years of age or older.

I, (Your name)_____, do hereby authorize the Department of Children and Families (DCF) to research their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse, neglect, substance abuse, education, HIV, psychological, psychiatric and any other medical information in which I, have been named, and to release this information in whole to the Department of Public Health (DPH) and the Office of Early Childhood (OEC). I further authorize the DPH and the OEC to release any final DCF substantiations of abuse or neglect to the Director/Operator or other person in charge of a childcare facility for purposes of determining my suitability or the suitability of an adult who resides in my household to provide childcare services. I release the DCF, DPH and OEC from any liability for any damages I may incur, which may result from the release or use of this information. I submit the following information to assist DCF in their search and to assist the OEC and/or the DPH in the licensing decision. This release is valid throughout the term of the license or approval.

Type of Child Care Facility (Check One):

☐ **FAMILY DAY CARE HOME (Circle one): PROVIDER / HOUSEHOLD MEMBER / SUBSTITUTE / ASSISTANT**

☐ **CHILD DAY CARE CENTER** ☐ **GROUP DAY CARE HOME**

Name of Provider or Facility: _____

Address (No./Street/City/State/Zip): _____

Day Care License #(s): _____
(Enter "PENDING" if New License)

YOUR INFORMATION: **Name** _____ **Date Of Birth** _____/_____/_____

☐ **Male** ☐ **Female (Check One)** **Telephone Number**_____ **Social Security Number**_____-_____-_____

Other names you have used (maiden, married, etc.) _____
(Enter "N/A" for none)

YOUR SIGNATURE: _____ **CURRENT DATE:** _____

YOUR RESIDENCE FOR THE LAST FIVE YEARS

	No. and Street	City	State	Zip Code	# Years / # Months
1. PRESENT Address:					**How long did you live there?** _____/_____
2. PREVIOUS Address:					**How long did you live there?** _____/_____
3. PREVIOUS Address:					**How long did you live there?** _____/_____

Continue on the reverse side of this form if necessary.

INFORMATION BELOW MUST TO BE COMPLETED BY ALL FAMILY DAYCARE HOMES

CHILDREN WHO HAVE LIVED WITH YOU List all the children who have ever lived with you.

First Name	Last Name	Date of Birth	Sex (Check One)	Social Security Number	Lives or lived with you (Check One)
_____	_____	(____/____/_____)	☐ Male ☐ Female	_____-_____-_____	☐ Presently ☐ Previously
_____	_____	(____/____/_____)	☐ Male ☐ Female	_____-_____-_____	☐ Presently ☐ Previously
_____	_____	(____/____/_____)	☐ Male ☐ Female	_____-_____-_____	☐ Presently ☐ Previously
_____	_____	(____/____/_____)	☐ Male ☐ Female	_____-_____-_____	☐ Presently ☐ Previously

Continue on the reverse side of this form if necessary.

☐ CHECK HERE IF USING REVERSE SIDE

Return Form to:
Department of Public Health
410 Capitol Avenue, MS#12LEG
P.O. Box 340308, Hartford, CT 06134-0308

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