

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
FOSTER CARE LICENSE**

Parent 1

Name: First, Middle, Last (PLEASE PRINT)

Parent 2

Name: First, Middle, Last (PLEASE PRINT)

DCF requires the following information from or about applicants for licensure as foster or adoptive parents:

Local, State and FBI Criminal History Records (including fingerprints)	All persons in the household age 16 and over
Child Protective Services Records	All adults in household
Driver's License (if applicable)	All adults in household
Confidentiality Agreement	All adults in household
Disciplinary Agreement	All adults in household
References	Each applicant
Copy of Marriage/Divorce Documentation	Each applicant, if applicable
Financial Statement	Each applicant
Physician's Statement	Each household member
Physical Plant Inspection	Each dwelling (if applicable)
Landlord Name and Address	Each dwelling (if applicable)
Well Water Testing	If applicable
Alternative Heat Source Inspection	If applicable
Weapons/Safeguards	If applicable

In addition, an applicant must:

- attend all sessions of the pre-licensing training;
- complete an application form and participate in an assessment (Home Study); and
- participate in a minimum of three interviews with a DCF Social Worker, which will include face-to-face contact with every household member.

I/We agree to all the Department of Children and Families to have access to my home and the documentation necessary for assessment of my/our application for a foster care license. (Without consent, DCF cannot proceed with your application.)

SIGNATURES	
Adult	
Adult	
Adult	