Connecticut Department of Children and Families **BACKGROUND SEARCHES** (Separate form is required for each household member over age 16) DCF-005 6/2017 (Rev.)



LAST Name:	F				1						
		irst Name:			M:		DOI	3:	Gender/I	dentity	
elationship:			AK	AKA:					SSN:		
Driver's License #:				Home Phone:			Cell Phone:		Work Phone:		
Address: (No. and Street):				Cit	City		State		Zip		
CPS Case Name:		Case LINK #									
JPS Case Name:		Jase LINK #			ls	Is this a Confidential Case?: Yes No					
CPS Social Worker Name:					CF	CPS Social Work Supervisor Name:					
Reviewed and Assessed by CPS	SPM nam	e:		CPS P	M Signati	ure:				Date	
			- Foster Ca] Indep	endent	□ Res		
Relative Fictiv	ve Kin	Core	e Foster Ca	re 🗌 Place	Adoption	n [Date			pite/back-up Caregiver	
Relative Fictiv	ve Kin	Core	eted?:	re 🔲 Place Barrier	Adoptior ement Found	n [)		Date pite/back-up Caregiver pmments:	
Relative Fictiv REQUIRED Checks: Protective Svs. History Checks:	re Kin C Yes	Core	eted?: Pending	re Place Barrier Yes	Adoption ement Found No	n [Date)		pite/back-up Caregiver	
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Relative Fictiv REQUIRED Checks: Fictiv Protective Svs. History Checks: Fictiv INK Case Search Fictiv INK Person Search Fictiv INK Provider Search Fictiv INK Perpetrator Search Fictiv INK CMS Search Fictiv Criminal Checks: Fictiv Local Police Fictiv	re Kin Yes Ves Ves Ves	Core Check Comple Attached	Pending Pending Pending Pending Pending Pending	re Place Barrier Yes	Adoption ement Found No C	n [Date)		pite/back-up Caregiver	
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