

**Consent for Criminal Records Check
Prospective Adoption/Foster Care Applicant**



All prospective adoptive parents, their household members 15 years of age and all prospective foster parents, their household members 15 years of age or older and persons regularly on their premises 15 years of age or older must complete and sign this request.

To be completed by applicant, household member or person regularly on the premises:

Full Name Last First Middle Maiden or other Surnames (list all)

Date of Birth (MM/DD/YY) Place of Birth Gender (M/F)

Last six digits of social security# (required): XXX-_____ If you have never been issued a social security # check here _____

Height Weight Eye Color Mother's Maiden Name

Dates and Places of Residence for the Past Seven Years:
From /To Number & Street City State ZIP

Please list other states in which you have resided: _____

Signing this form means that you (the applicant) understand:

- EEC will conduct a Criminal Offender record information (CORI) check on you. A Department of Children and Families (DCF) background record check will be conducted separately by DCF. EEC may use this information for investigative purposes if you are the subject of an EEC investigation.
- The results of the CORI checks will be shared with the person listed on this application. The adoption/foster care placement agency listed on this application will consider this information when making determinations on your ability to be an adoptive/foster parent.
- The foster/adoption agency will be notified if your CORI check shows a criminal history, which includes all adult/youthful offender and juvenile offender convictions, non-convictions and pending offenses as well as sealed case indicators.

I grant EEC permission to complete a CORI check on me and to provide the results to the adoption/foster care placement agency. I certify the information above is correct to the best of my knowledge.

Applicant's Signature

Date

Adoption/Foster Care Placement Agency Certification:

The applicant is applying to become an adoptive or foster parent, or is a household member or a person regularly on the premises, age 15 and above, through an EEC licensed program within the entity listed on the bottom of this form. I understand that the use of this form for any reason other than its intended purpose is unlawful.

The applicant's identity was verified by reviewing the following form of government issued photographic identification: _____ (Please keep a photocopy of said identification in file with this application.)

Signature of Authorized Background Record Check Reviewer

Date