As an applicant for a Family Child Care License, Assistant Certificate, or Regular Assistant Letter of Approval for a Department of Early Education and Care (EEC) licensed program, you must complete and sign this consent form for a Criminal Offender Record Information (CORI) check and a Department of Children and Families (DCF) record check and mail it to EEC with your application. This consent form must also be completed by every household member and person regularly on the premises aged 15 years or older in a family child care home. If the BRC result requires further review, information about the process will be sent directly to the applicant. **All fields with asterisks are required. Please write clearly and have your signature notarized on this form or be prepared to provide your identification to EEC when you attend your first in-person training or meeting.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Full Name: LAST\* SUFFIX FIRST\* MIDDLE Date of Birth (MM/DD/YYYY)\***

**Maiden/Other Surnames/Aliases Place of Birth**

**Last Six Digits of Social Security Number\* XXX-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_** Check here if you have never been issued a Social Security Number: 

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_

**Dates and places of residence for the past five (5) years:**

**Dates From/To Number & Street City State Zip**

**I am seeking this background record check because: (Check all that apply)**

\_\_\_I am applying for a Family Child Care License, Certified Assistant Certificate or Regular Assistant Letter of Approval. Renewal? Yes \_\_ No \_\_\_

\_\_\_I live in the household of a Family Child Care Applicant/Provider. \_\_\_I am regularly on the premises of a Family Child Care Applicant/Provider.

Name of Family Child Care Applicant/Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Family Child Care Applicant/Provider: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Be advised that EEC will also use the information contained on this form to conduct a check for Sex Offender Registry Information (SORI) maintained by the Sex Offender Registry Board (SORB) on a regular basis. Furthermore, a fingerprint-based check of state and national criminal history databases will be required. You will receive separate notification for a fingerprint-based check and will consent at the time your fingerprints are taken.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Signing this form means that I understand and agree to the following:**

* This consent is valid for one year. I authorize EEC's BRC Unit to run CORI and DCF checks as often as necessary at any time within the year provided I am still affiliated (in the same capacity for which I submitted this application) with this family child care home to determine my suitability. EEC may use this information for investigative purposes if I am the subject of an EEC investigation.
* EEC will review my entire criminal history, **including all adult, youthful offender and juvenile charges, whether convictions, non-convictions, pending or sealed**. EEC will conduct a check of the DCF database for any findings that I have been found responsible for abuse or neglect of a child in a supported 51B report, or if an investigation into abuse or neglect allegations is pending in a 51A report.
* EEC will conduct regular SORI checks based upon the information that I have provided.
* Failure to inform EEC that I have resided in another state within the past five years may result in denial of my BRC application.
* Providing false or misleading information will result in denial of my BRC application.

**I certify, under the penalties of perjury, the information provided above is correct to the best of my knowledge.**

**Applicant’s Signature (Parent/Guardian if Under 18)\***  **Date\***

**For EEC Use Only:**

Applicant/Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_