

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, Zip)	Operation Mailing Address (City & Zip)	County

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department's central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

I verified (by checking the person's social security card and/or driver license/ID Card) that the information on this form contains no willful misrepresentation and that the information provided is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Signature of Director, Owner, or Operator

Date

Complete the following for each person requiring a Criminal History/Central Registry Check; verify that the information is accurate by checking the person's social security card and/or driver license/ID Card; and return all required background check request forms to your local licensing office. All names used currently or in the past by the person must be provided. Without these names you may get cleared results when there is actually a match. **If a new person is being hired you must submit the request TO YOUR LOCAL LICENSING OFFICE WITHIN TWO DAYS after the person is hired or is present in the operation. Requests for background checks may be submitted by mail or through the TDFPS Internet at the following address: http://www.dfps.state.tx.us/Child_Care/Information_for_Child_Care_Professionals. If you are submitting your request through the Internet please DO NOT submit this form to your licensing office. If you are not submitting your request through the Internet the background check request form must be submitted to YOUR LOCAL LICENSING OFFICE.** Additional forms may be obtained from your local licensing office. For each person listed on this form or submitted through the Internet, a \$2.00 fee must be paid. A Form 2988-A, Child Care Fee Schedule, along with the fee(s), must be submitted to: **TDFPS, Accounting Division E-672, P.O. Box 149030, Austin, TX. 78714-9030.**

Failure to submit fee payments can result in adverse action including suspension or revocation.

Social Security Number	Drivers License or state issued identification number	State	ID Type (DL or ID Card)
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

DFPS Use Only	Worker Name--Last, first		Mail Code	District	Operation No.	Operation Type
	Date Received	Date Criminal History Entered	Date Central Registry Checked		Date FBI Card Submitted	

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Complete the following for each person requiring a Criminal History/Central Registry Check and return this form to the Licensing Office. Additional forms may be obtained from your local Licensing office.

Social Security Number		Drivers License or state issued identification number		State	ID Type (DL or ID Card)
First Name		Middle Name		Last Name	
Street Address		City		State	Zip
County	Telephone No. (A/C)		Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	

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First Name		Middle Name		Last Name	
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County	Telephone No. (A/C)		Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F
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