

## REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Operation Name <b>Grayson County Juvenile Alternatives, Inc. dba North Texas Youth Connection</b>		Operation Number <b>66610</b>	Telephone No. (A/C) <b>(903) 893-4717</b>
Operation Address (Street, City, ZIP) <b>1602 E. Lamar, Sherman TX 75090</b>		Operation Mailing Address (City & Zip) <b>P. O. Box 1625, Sherman TX 75091-1625</b>	
		County <b>Grayson</b>	

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 looking at the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given 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; 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 entered. 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](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 copies of this forms may be obtained on the DFPS web site. For each person listed on this form or submitted through the Internet, a \$2 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.**

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		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 checked="" 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"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

<b>DFPS Use Only</b>	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	