

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

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

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified (by reviewing 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.

Printed Name of Director, Owner, or Operator Signature of Director, Owner, or Operator Date

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
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 any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor							
<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Caregiver		<input type="checkbox"/> Director		<input type="checkbox"/> Foster parent	
<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)							
<input type="checkbox"/> Relative		<input type="checkbox"/> Fictive Kin		<input type="checkbox"/> Unrelated			
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	
				<input type="checkbox"/> Black		<input type="checkbox"/> American Indian/Alaskan Native	
				<input type="checkbox"/> Unable to Determine		<input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

DFPS Use Only	Worker Name--Last, first	Mail Code
----------------------	--------------------------	-----------