

Circles of Care

Consent for Criminal, Canris (child abuse) and Driving Record Check

Name: _____ Maiden: _____

Other Past Names: _____

Address: _____
Street Address City State Zip County

Home Phone: _____

DOB: ____/____/____ Age: _____ Sex: Male Female

SS#: ____ - ____ - ____ TDL#: _____

Race/Ethnic Group: Hispanic African-American Caucasian
 Asian Native American Other: _____

List all other cities in Texas where you have lived in the past:

I, _____ hereby authorize Circles of Care to be furnished information regarding my Criminal, Canris (child abuse) and Drivers License records. I also understand that if I have previously been licensed by another child placing agency, that information obtained during the application process and home study, including results of these checks that they obtained, must also be obtained from them for study purposes by Circles of Care. In addition, if I leave this agency, any information obtained by Circles of Care will be divulged to any other home licensing agency that requests it in which I have applied for licensure.

Applicants Signature _____ Date _____

Circles of Care hereby certifies that any and all information obtained from these record checks of the above named applicant will be kept in strict confidentiality and used solely for the purpose of evaluating the household for child placement.

<i>For office use only</i>	
Date Record Check Submitted: _____	Person submitting: _____
Date Response Received: _____	
Record Checks Results: Criminal History:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Canris:	<input type="checkbox"/> No <input type="checkbox"/> Yes