

Circles of Care

Consent for Criminal, Central Registry, and Driving Record Check

Complete **for applicants**, any children, and/or household members 14 years of age and older.

Name: _____ **Maiden:** _____
First Middle Last

Other Past Names: _____

Address: _____
Street Address City State Zip County

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

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

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

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

Role in the Home: Foster/Adopt Parent Household Member Frequent Visitor
 Babysitter Respite Provider (Affiliated Home: _____)

If an FBI Fingerprint needs to be run, the applicant will have no more than 30 days to complete from the date of the initial background check. The instructions to schedule the FBI check will be sent via email (if an email address is provided above) as the time the background check is run.

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

Have you ever lived outside of the state of Texas? No Yes; if yes, list states or countries below:

List all out of state addresses you have lived in the last five years:

Address	City	State	County
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been arrested for anything in the past (including driving offenses such as DWI). No Yes; if yes, give arrest offense and date:

Note: A background check will be completed on the applicant(s) and any household member 14 years of age and older as well as frequent visitors to the home. Frequent is defined as more than twice in a 30-day period.

The following may preclude any person from being employed by Circles of Care, being licensed as a foster parent, being a household member in the foster home, or being a frequent visitor in the foster home: Any misdemeanor or felony such as offenses against a person, robbery, public indecency, stalking, solicitation of a minor, failure to stop or report aggravated sexual assault of a child, making a firearm accessible to a child, intoxication offenses, any felony and any deferred adjudication of any of the above.

Any other charges a person may have will be evaluated and assessed if we will allow employment or licensure; some of the factors used in our assessment include the type of charge, the length of time since the charge, and the age of the applicant at the time of the charge.

I, _____, hereby authorize **Circles of Care** to be furnished information regarding my Criminal, Central Registry (child abuse), and Driver's 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. **I understand that this is a standing authorization, and that Circles of Care may recheck my Criminal, Central Registry (child abuse), and Driver's License records as required by regulations or as circumstances necessitate. I may revoke this permission at any time, in writing, and understand that this may mean the termination of my association with Circles of Care and/or its clients, providers, and other affiliates.**

Applicant's 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 individual for employment or child placement purposes.

For office use only

****TO BE COMPLETED BY CIRCLES OF CARE STAFF PRIOR TO RUNNING/SUBMITTING CONSENT FORM****

Applicant Name: _____ Program Office: _____

Type of Check: Initial 24-Month

FBI Required: Yes No

Person's Role at Operation: Foster/adopt applicant Household member COC staff member
 Respite/babysitter (other staff) Frequent visitor Volunteer Other: _____

Relationship of Applicant to Children Being Placed in the Home: Relative Fictive kin Unrelated

Hire Date (if current employee or foster parent): _____

Date Record Check Submitted: _____ Person submitting: _____

Date Response Received: _____

Record Checks Results: Criminal History DPS: No History Criminal Finding
Central Registry: No History Central Registry Match
FBI: No History Criminal Finding