Circles of Care Consent for Criminal, Central Registry, and Driving Record Check

Complete for applicants	<mark>s</mark> , any children, a	nd/or household m	nembers 14 year	rs of age and older.
Name:	Maiden:			
First	Middle	Last		
Other Past Names:				
Address:				
Street Address	City	State Zi	p Cor	unty
Home Phone:				
Email Address:				
DOB:/				
SS#:	-	TD L#:		
Race/Ethnic Group: □				
	Asian □ Native A	merican 🗆 Other:		
Role in the Home: □ Fo				
	-	oite Provider (Affil	-	•
If an FBI Fingerprint need from the date of the initial sent via email (if an email List all other cities in T	al background che il address is provi	eck. The instruction ded above) as the ti	s to schedule the me the backgrou	e FBI check will be
Have you ever lived out below:	side of the state (of Texas? □ No □	Yes; if yes, list	states or countries
List all out of state add	resses you have l	ived in the last five	e years:	
Address		City	State	County
below:		ived in the last five	e years:	

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 applicants 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 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 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.				
Applicant's Signature Date				
Circles of Care hereby certifies that any and all information obtained from theses 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.				
TO BE COMPLETED BY CIRCLES OF CARE STAFF PRIOR TO RUNNING/SUBMITTING CONSENT FORM				
Foster Family 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: \square Relative \square Fictive kin \square Unrelated				
Hire Date (if current employee or foster parent:				

For office use only					
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				