

INDIVIDUAL'S IDENTIFYING INFORMATION

Enter the previous physical address(es) for the background check subject in the space provided:

Ethnicity (must accompany race):

- Hispanic
 Non-Hispanic

Race:

- White
 Black
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/ Pacific Islander

Will this person ever drive DFPS clients?

- Yes No

If yes, their driver license number and state of issuance must be submitted.

Photo ID Type:

- Driver License:
Number: _____ State: _____
 State ID:
Number: _____ State: _____

Initial Check

24 Month
Check

Fingerprint Check Required

Person has previously
completed an FBI fingerprint-
based check through DFPS or
TEA

In addition to obtaining a DPS name-based criminal history check, fingerprint-based criminal history checks are required for any PCS contractor and individuals on their staff who, at the time of his or her initial background check request:

- currently lives or has lived outside of Texas within the past five years; or
- currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal history check was completed.

If the individual requires a fingerprint-based criminal history check, you must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.

Preferred method of contact for scheduling fingerprint appointment:

- Email:
 Telephone Number: () -

Relationship of person to contractor:

- Contractor
 Staff
 Volunteer

- Applicant for employment
 Applicant to Volunteer
 Other (describe):

Date Hired:

Role/Job Duty:

Disclosure and Consent to Release of Information
Regarding Criminal or Abuse/Neglect History
For Applicants, Employees or
Volunteers of DFPS Contractors and Subcontractors

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

- 1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you pleaded guilty or no contest resulting in a deferred adjudication, that has not yet been completed. Yes No

If yes, give details including date, location and nature of the offense and disposition for each such incident.

- 2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor? Yes No

If yes, give details, including date, location, and type of charge.

- 3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities? Yes No

If yes, give details, including the state and county in which each such investigation occurred.

I declare that the information provided on this statement is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.

I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.

I consent to DFPS' disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.

Printed Name of Person Completing Form

Signature of Person Completing Form

Date Signed

SAN ANTONIO LIFETIME RECOVERY INC

Contractor's Name

24078407

Contract #