

PERMISSION TO CONDUCT BACKGROUND CHECK

Harris County Resources for Children and Adults (HCRCA) provides services to abused and neglected children, crisis intervention services to youth and families as well as services to Wards of Harris County. Due to the sensitive nature of working with children, youths and adults, any person providing services (employee, intern, volunteer, Board member, contractor, etc.) on behalf of and to HCRCA must provide the identifying information listed below. This information will be used to check criminal history, driving record, automobile insurance coverage, and/or any information obtained regarding reports to the Texas Department of Family and Protective Services (DFPS) of abuse and neglect of children or adults. Your acceptance and/or continuity as a provider of service are conditional pending the outcome of these inquiries. Your signature gives HCRCA consent to conduct **subsequent inquiries during the length of your engagement with HCRCA.**

PERSONAL DATA		PROGRAM:	SUPERVISOR NAME:		
LAST NAME		FIRST NAME	MIDDLE NAME	MAIDEN NAME	
OTHER NAMES USED (married, alias, etc.) First, Middle, Last; continue on back of sheet as needed.					
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
PHONE NO.	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	SOCIAL SECURITY NO.	
RACE	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other _____	ETHNICITY (must accompany race) <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		

PAST RESIDENCY DATA	
List all other cities in Texas where there have been residencies:	List all other cities & states, (other than Texas) or countries where there have been residencies:
CITY	CITY STATE
CITY	CITY STATE
CITY	CITY STATE
CITY	CITY STATE

RELEASE AUTHORIZATION

I certify that the information provided on this form contains no willful misrepresentations, omissions or falsifications and that the information provided is true and complete to the best of my knowledge. I understand that Harris County Resources for Children and Adults may contact others to seek proof of any information provided. I understand that should review or validation of this information disclose any misrepresentation, omissions, falsification, or failure to provide identifying information within the required time limit is cause for denial of or continuation of my services to or engagement with HCRCA.

SIGNATURE: _____ **DATE:** _____

STATE OF TEXAS **SUBSCRIBED AND SWORN TO before me a Notary Public**

COUNTY OF HARRIS

On the _____ day of _____, 20_____.

VERIFICATION		_____ NOTARY PUBLIC SIGNATURE	
HR INITIALS	Date Checked	DPS Criminal History Inquiry RESULTS <input type="checkbox"/> NMIR <input type="checkbox"/> NMAR <input type="checkbox"/> NMSOR <input type="checkbox"/> NMSOAR <input type="checkbox"/> MIR <input type="checkbox"/> MAR <input type="checkbox"/> MSOR <input type="checkbox"/> MSOAR	FINAL DISPOSITION
HR INITIALS	Date Checked	CPS Central Registry Check RESULTS	FBI Card Date <input type="checkbox"/> Yes <input type="checkbox"/> No
			FBI RESULTS

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl _____	Vol/Contractor _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

"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."

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A
LICENSED OPERATION OR REGISTERED CHILD-CARE HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____

(seal, if any, of notarial officer)

My commission expires: _____



CRIMINAL OR ABUSE/NEGLECT HISTORY FOR APPLICANTS, EMPLOYEES, OR VOLUNTEERS OF DFPS CONTRACTORS AND SUBCONTRACTORS

Purpose: Use this form to disclose the criminal and abuse or neglect history for each contractor's employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who will have access to personal DFPS client information.

Directions: To complete this form, fill in the fields with the required information. Attach additional pages if necessary. If the contractor submits the background check request directly through ABCS, the contractor must maintain the original document in the personnel record along with the results. If the contractor submits this form to the DFPS contract manager for submission through ABCS, the contractor must maintain a copy of this form in the personnel record along with the results.

REQUIRED INFORMATION

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

- Yes
 No

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

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, a person who is elderly, or a person with disabilities?

- Yes
 No

If yes, give details including the date, location, and nature of the situation as well as the disposition (if applicable) for each allegation.



PRIVACY STATEMENT	
<p>DFPS values your privacy. For more information, read our privacy policy online at: www.dfps.state.tx.us/policies/privacy.asp.</p>	
SIGNATURE	
<p>I declare that the information provided on this form 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.</p> <p>I also agree to inform the contractor within 10 days if I am named in complaints, indictments, or convictions of offenses as described in items 1 and 2 above, or if I am investigated as described in item 3 of this form. The contractor must then notify the contract manager of this information.</p> <p>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.</p> <p>I consent to DFPS's 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.</p>	
<p>Printed Name of Person Completing Form:</p>	
<p>Signature of Person Completing Form:</p>	<p>Date Signed:</p>
<p>Contractor's Name:</p>	<p>Agency Account ID #:</p>

INDIVIDUAL'S IDENTIFYING INFORMATION

First Name:		Middle Name:		Last Name:	
List any other name combinations the individual uses or has used in the past, including married and maiden names below. If you do not provide every name that the individual has used, you may receive inaccurate results::					
Other First Names:		Other Middle Names:		Other Last Names:	
Street Address:		City:		State:	Zip Code:
County:		Telephone Number: () - <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Cell		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you have a Social Security Number:					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
If the person has been issued a social security number, (SSN), it must be provided to ensure the background check result is valid: Please list the SSN below: 			If this person does not have a Social Security Number, you must enter one of the following valid alternate number types: Alternative ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID: Number: State: <input type="checkbox"/> Permanent Residency Card Number: <input type="checkbox"/> Passport Number: Country: <input type="checkbox"/> Canadian SIN Number: <input type="checkbox"/> Military ID Number:		
Has this person lived outside of Texas in the last 5 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No				Birth City: Birth State:	

INDIVIDUAL'S IDENTIFYING INFORMATION

Enter the previous physical address(es) for the past 5 years 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

Required if you have lived outside the State of Texas within the past 5 years; work in a state-licensed residential facility; or a school district. Instructions for fingerprints will be sent via e-mail if 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:

Confidentiality Agreement / Acknowledgement

During your employment or assignment as volunteer, intern or contractor with Harris County Resources for Children and Adults (HCRCA) you will have access to information that the department considers confidential.

The purpose of this agreement is to remind you of this obligation and to put it into force. We also wish to remind you about the types of information of which you will be aware as a result of your employment or assignment as volunteer, intern or contractor with the department and of the fact that the department considers this information to be confidential. The types of information you must not disclose are:

- **Client (active or non-active) related information, especially**
 1. Names
 2. Addresses
 3. Reports or allegations of child abuse/neglect
 4. Any other information regarding clients, current or former

- **Personnel Information on past, present or future**
 1. Employee salaries, appraisals, or adverse actions
 2. Home address and telephone number
 3. Social Security Number (SSN), User Identification numbers

- **Medical Information on past, present or future**
 1. Employee individually identifiable health information
 2. Participation in Employee Assistance Program
 3. Work related injury or illness
 4. Leave of Absence
 5. Insurance – dependents or beneficiaries, etc.

This agreement reiterates your acknowledgement and understanding of your continuing obligation throughout your employment. It is not intended to cast any doubt whatsoever on your integrity or reliability.

PRINTED NAME:

HIRE DATE:

I hereby agree to adhere to all policies and practices regarding confidentiality of information deemed to be such.

SIGNATURE:

DATE:

ACKNOWLEDGEMENT OF PROHIBITED OFFENSES

Printed Name

Social Security Number:

I acknowledge that I have examined the reverse side of this form which lists violations within the prohibited class and that I am providing the following information related thereto:

1. I have have not been convicted within 10 years preceding this date of any felony, a felony or a misdemeanor within the prohibited class or any felony or misdemeanor violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.

If your answer is affirmative, give details: include date, place, nature of conviction, and disposition.

2. I am am not currently under indictment or charged in an official complaint or offense accepted by a district or county attorney.

I have read this form in its entirety, including the attached list, and understand that the information may be verified by Harris County Resources for Children and Adults (HCRCA) and that the inclusion of any false information or the omission of any information relative to any criminal charges or convictions is cause for my immediate dismissal from the department.

NOTICE OF FUTURE REPORTING REQUIREMENT

I understand that any official civil or criminal complaint or charge accepted by a district or county attorney alleging commission of a misdemeanor or felony offense (except for minor traffic tickets) during the course of my employment, engagement or volunteerism must be reported immediately to the HCRCA Human Resources Division. All reports will be kept confidential and shared only on a "need to know" basis. Such reports will be handled on a case by case basis.

I agree to inform the HCRCA Human Resources if this information changes any time during my employment.

Signature

Date:

I, _____, acknowledge that I have been informed of the following:

- A. Prohibition from serving in any capacity as an employee or volunteer of a child-placing agency for any person convicted within the previous 10 years of:
- Any felony or misdemeanor classified as an offense against person or family;
 - Any felony or misdemeanor involving public indecency;
 - Any felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.
- B. Reassignment or removal from contact with children, the elderly, or the disabled, of any person involved in child care, child placement or guardianship services for any of the following reasons:
- An indictment alleging commission of a felony classified as an offense against the person or family, or of public indecency, or of a felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act;
 - An indictment alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency;
 - An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.

**The following examples are criminal offenses included in the Texas Penal Code.
The lists are not all inclusive:**

Offenses Against the Person

Injury to a child, elderly individual, or disabled individual		
Aggravated kidnapping	Murder	False imprisonment
Aggravated assault	Capital murder	Public lewdness
Aggravated rape	Voluntary manslaughter	Indecent exposure
Aggravated sexual abuse	Involuntary manslaughter	Terrorist threat
Rape	Criminally negligent homicide	Indecency
Aiding suicide	Kidnapping	Lewd & lascivious conduct
Assault	Reckless conduct	Sexual abuse
Deadly assault on a peace officer	Tampering with consumer products	

Offenses Against the Family

Bigamy
Incest
Interference with child custody
Enticing a child
Criminal nonsupport
Sale or purchase of a child
Solicitation of a child
Harboring a runaway child
Violation of a court order

Public Indecency

Prostitution
Promotion of prostitution
Aggravated promotion of prostitution
Compelling prostitution
Obscene display or distribution
Obscenity
Sale, distribution, or display of harmful material to a minor
Sexual performance by a child
Possession or promotion of pornography

PERSONAL INFORMATION SHEET

Volunteers & Temporary Personnel

Employee Name (Last, First) As shown on SS Card	Start Date	Program Name	Supervisor Name
Position Title	Race	Gender	Phone Number
Address/City/State/Zip	Date of Birth	Birth Place: City, State, Country	

EMERGENCY CONTACT INFORMATIONN

Name: _____

Relationship: _____ Phone No.: () _____

Address: _____

City: _____ State: _____ Zip: _____

Physician/Hospital: _____

Address: _____

Phone No.: _____