***CONSENT FORM FOR CRIMINAL HISTORY BACKGROUND CHECK***

***(Each household member and/or frequent home visitor over age 14 must complete a form.)***

***FBI CHECK NEEDED: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_***

***As part of our licensing requirements we are mandated to do a criminal history check on all individuals applying for employment and/or to be licensed as a foster parent with the Grandberry Intervention Foundation***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | | | **Middle Name** | | | | **Last Name** | | | |
| ***Street Address*** | | | ***City*** | | | | ***State*** | | | ***Zip*** |
| ***County*** | ***Telephone No.*** | | | ***Date of Birth*** | | | | | ***Sex:* [ ]*Male* [ ]*Female*** | |
| ***Social Security Number*** | ***Driver’s License or State Issued Identification Number*** | | | | | ***State*** | | | ***ID Type (DL or ID Card)*** | |
| **List all other cities in Texas where you have lived:** | | | | | **Relationship of person to requestor:**  **Staff**  **Caregiver for Foster Family\_\_\_\_\_**  **Foster Parent \_\_\_\_**  **Director \_\_\_\_\_**  **Licensed Administrator \_\_\_\_\_**  **Household Member \_\_\_\_\_**  **Volunteer \_\_\_\_\_\_**  **Other \_\_\_\_\_\_** | | | | | |
| ***Date Hired/Used by the***  ***Operation/Agency*** | | ***Ethnicity African American Caucasian Hispanic***  ***Asian Other*** | | | | | | | | |
| ***Other Names Used (married, maiden, etc.):*** | | | | | | | | | | |
| ***First Name*** | | | ***Middle Name*** | | | | | ***Last Name*** | | |
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***I hereby declare the information I have provided above to be true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of the fact(s) state above would be case for termination. By signing this form I authorize The Grandberry Intervention Foundation, Inc. to request an initial Criminal History and Central Registry Check. Additionally, I give my permission to have my background checked every two years as required by The Grandberry Intervention Foundation, Inc. and DFPS Minimum Standards.***

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_