



## LEE & BEULAH MOOR CHILDREN'S HOME

### **Notice to Volunteers & Intern Applicants**

*Please submit forms with a copy of your current driver's license & Social Security card. Without these two identification documents, we will not be able to process your application. Also, a current TB tine test (tuberculosis skin test) is required before volunteering.*

*Thank you,*

*Human Resources Department*

\_\_\_\_\_ *Completion of "request for background check" and all other forms.*

\_\_\_\_\_ *Copy of driver's license*

\_\_\_\_\_ *Copy of Social Security card*

\_\_\_\_\_ *Current (within 30 days) TB tine skin test*

# LEE & BEULAH MOOR CHILDREN'S HOME

1100 Cliff Drive, El Paso, Texas 79902  
(915)544-8777

## APPLICANT DISCLOSURE AFFIDAVIT

**(Please read carefully)**

Our agency screens prospective employees, foster/adoptive parents, and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. This disclosure is required to be completed, in order to be considered, by applicants whose employment or potential employment with the facility or registered or licensed family home involves the opportunity for or the direct interaction with children. Information obtained is not an automatic bar to employment, foster care or volunteer work, but is considered in view of all relevant circumstances. Any falsification, misrepresentation, omission, or incompleteness in this disclosure alone is grounds for disqualification or immediate termination at any time during the course of employment.

APPLICANT: \_\_\_\_\_

**(Please print complete name and last four (4) of social security number)**

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:

<b>Yes</b>	<b>No</b>	<b>(Initial "yes" or "no" and provide brief explanation for a "yes" answer on back of form)</b>
_____	_____	Been convicted of;
_____	_____	Pleaded guilty to (whether or not resulting in a conviction);
_____	_____	Pleaded <i>nolo contendere</i> or no contest to;
_____	_____	Admitted to;
_____	_____	Had any arrests or warrants issued or pending for;
_____	_____	Had any judgment or order rendered against me (whether by default or otherwise);
_____	_____	Pending any civil or criminal court litigation for;
_____	_____	Entered into any settlement of an action or claim of;
_____	_____	Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of;
_____	_____	Been diagnosed as having or been treated for any mental or emotional condition arising from;
_____	_____	Resigned under threat of termination of employment or volunteer work; or,
_____	_____	Have or had any criminal charges (pending or otherwise) against me in this or any other jurisdiction for;
		Any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

<b>Yes</b>	<b>No</b>	<b>(Initial answer "yes" or "no" and provide brief explanation for a "yes" answer below.)</b>
_____	_____	Any felony;
_____	_____	Crime(s) against person(s);
_____	_____	Robbery, theft or fraud;
_____	_____	Assault, battery, or other offense upon a person;
_____	_____	Assault, battery, or other offense involving a minor;
_____	_____	Drug- or alcohol-related offenses;
_____	_____	Rape or other sexual assault;
_____	_____	Incest;

Yes	No	<i>(Initial "yes" or "no" and provide brief explanation for a "yes" answer below.)</i>
_____	_____	Abuse and/or neglect of a minor or child, whether emotional, physical or sexual;
_____	_____	Kidnapping, false imprisonment, or abduction;
_____	_____	Sexual harassment;
_____	_____	Sexual exploitation of a minor;
_____	_____	Sexual misconduct with a minor;
_____	_____	Annoying/molesting a child;
_____	_____	Lewdness and /or indecent exposure;
_____	_____	Lewd and lascivious behavior;
_____	_____	Obscene or pornographic literature, photographs, or videos;
_____	_____	Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
_____	_____	Unfitness as a parent or custodian;
_____	_____	Removing children from a State or concealing children in violation of a law or court order;
_____	_____	Restrictions or limitations on contact or visitation with children or minors;
_____	_____	Any type of child abduction;
_____	_____	Similar or related conduct, matters, or things; or,
_____	_____	Accusation of any of the fore-mentioned.

**Explanations:** *(If you answered "yes" to any of the above, please explain. If none, write "none".)*

<u>Description</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

**The failure or refusal of the applicant to complete, sign or provide the affidavit constitutes good cause for refusal to give consideration for employment or hire the applicant.**

The above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

# LEE & BEULAH MOOR CHILDREN'S HOME

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## STATEMENT OF CONFIDENTIALITY

Lee & Beulah Moor Children's Home (LBMCH) requires all staff members (employees, foster parents, volunteers, interns, contract workers, and other applicable persons) to adhere to strict professional and ethical standards regarding information pertaining to its staff, children in care, clients and/or family members. Staff member having access to or knowledge of sensitive or confidential information concerning other LBMCH staff members, children in care, clients and/or family members will be held in the **STRICTEST CONFIDENCE**.

Confidential information will not be disclosed or shared with anyone outside LBMCH home without written consent of the employee, the conservator of a child(ren) in care, clients and/or family members or in some cases the CEO as addressed in specific policies. Confidential information discussed internally should be for business purposes only and as a need-to-know basis only. Staff members are charged with protecting the right to privacy that every staff member, child in care, client and/or family member deserves. Examples of information to be considered confidential (*for additional information consult Confidentiality Policy*):

1. Medical information, i.e., illness, occupational injuries, medical and family leaves of absence, disability accommodation, except in cases where there is a need-to-know basis.
2. Clients seeking information, consultation, or the status of actual placement of a child(ren) in any of the LBMCH programs or services (residential, adoption or foster care).
3. Agency financial (i.e., billing information, adoption fees, financial assistance) and personnel information such as performance evaluations, wage/salary information except in cases where there is a need-to-know basis.
4. Personal information concerning employees, volunteers, interns, children in care, clients, family members or other applicable persons disclosed to unauthorized third parties or used as a means of gossip.
5. Controversies or conflicts within or between departmental staff.

Generally, anything not designated as public information should be treated confidentially. LBMCH staff will not participate in or discuss sensitive information in any location where confidentiality cannot be guaranteed. The obligation to maintain confidentiality and to protect sensitive information gained through the course of employment concerning employees, child(ren) in care, clients or family members extends after termination of employment or service with LBMCH. The information gained by staff members in the course of carrying out their assigned responsibilities is proprietary to LBMCH. Failure to adhere to LBMCH confidentiality guidelines will result in disciplinary action, up to and including termination of employment. In some cases if confidentiality is not maintained, the law provides for both civil and criminal penalties for violations. In determining the appropriateness to disclose sensitive or protected information, unless otherwise authorized, the CEO is the final approving authority.

I have read the above Statement of Confidentiality and agree to abide by these standards as stated above and in the Confidentiality Policy.

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*Signature*

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*Date*

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*Printed Name*

# LEE & BEULAH MOOR CHILDREN'S HOME

1100 E. CLIFF DR.  
EL PASO, TEXAS 79902  
544-8777

## INTERN/VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
(LAST) (FIRST) MIDDLE INITIAL

D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OLD? \_\_\_\_\_ YES \_\_\_\_\_ NO U.S. CITIZEN \_\_\_\_\_ YES \_\_\_\_\_ NO

HOW DID YOU HEAR ABOUT LEE & BEULAH MOOR CHILDREN'S HOME? \_\_\_\_\_

DESCRIBE YOUR REASON FOR WANTING TO VOLUNTEER: \_\_\_\_\_

SPECIAL SKILLS, INTERESTS, HOBBIES, GROUP AFFILIATIONS: \_\_\_\_\_

DESCRIBE YOUR PAST PAID OR VOLUNTEER EXPERIENCES WITH YOUTH: \_\_\_\_\_

WHEN ARE YOU AVAILABLE FOR VOLUNTEER SERVICES? \_\_\_\_\_  
(DAYS OF WEEK) (TIME)

### YOUR PREFERENCES FOR VOLUNTEER WORK:

- |   |  |
|---|--|
| <input type="checkbox"/> TUTORING (EDUCATION)             | <input type="checkbox"/> HOLIDAY PARTIES             |
| <input type="checkbox"/> CHILDREN'S PLAY GROUP SUPERVISOR | <input type="checkbox"/> SORT/ORGANIZE CLOTHING ROOM |
| <input type="checkbox"/> CHILDREN'S PLAY GROUP ASSISTANT  | <input type="checkbox"/> PLAN CHRISTMAS GIFT PROGRAM |
| <input type="checkbox"/> RECREATION ASSISTANT             | <input type="checkbox"/> OTHER _____                 |

**EDUCATION** \_\_\_\_\_ HIGH SCHOOL DIPLOMA OR GED.....GRADUATED \_\_\_\_\_ YES \_\_\_\_\_ NO  
\_\_\_\_\_ COLLEGE.....GRADUATED \_\_\_\_\_ YES \_\_\_\_\_ NO  
\_\_\_\_\_ BUSINESS OR VOCATIONAL  
\_\_\_\_\_ PROFESSIONAL LICENSES OR CERTIFICATES

FOREIGN LANGUAGES SPOKEN: \_\_\_\_\_ WRITTEN: \_\_\_\_\_

**PERSONAL REFERENCES (NO RELATIVES, PLEASE)**

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU CURRENTLY CHARGED WITH A FELONY OR A MISDEMEANOR? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE DESCRIBE BRIEFLY THE CIRCUMSTANCE OF YOUR CONVICTION OR CURRENT CHARGES, INDICATING DATE, NATURE, AND PLACE OF THE OFFENSE AND DISPOSITION OF THE CASE. YOUR ANSWER IS LOOKED UPON ONLY ON THE FACTORS CONSIDERED IN THE EMPLOYMENT DECISION AND IS EVALUATED IN TERMS OF THE NATURE, SEVERITY AND DATE OF THE OFFENSE AND ITS RELATION TO VOLUNTEER ACTIVITIES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED BY AN AGENCY SERVING CHILDREN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, AT WHICH AGENCY? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY LEE & BEULAH MOOR CHILDREN'S HOME? \_\_\_\_\_ YES \_\_\_\_\_ NO

IN CASE OF AN EMERGENCY, CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
CONTACT CAN BE REACHED AT: WORK PH: \_\_\_\_\_ HOME PH: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.**

1. I AGREE THAT ANY WRITTEN OR ORAL MISREPRESENTATION IN MAKING HIS APPLICATION IS JUST CAUSE FOR DISMISSAL.
2. I UNDERSTAND THAT A CRIMINAL RECORD CHECK WILL BE CONDUCTED
3. I HEREBY AUTHORIZE REFERENCES LISTED ON THIS APPLICATION TO ANSWER ANY QUESTIONS AND FURNISH ANY ACCURATE INFORMATION FROM THEIR RECORDS CONCERNING ME, AND I HEREBY RELEASE SUCH COMPANIES AND PERSONS FROM ANY LIABILITY FOR SUCH ACTION.

\_\_\_\_\_  
*APPLICANT SIGNATURE*

\_\_\_\_\_  
*DATE*

**OFFICE USE:**

_____	RECORDS CHECK COMPLETED	_____	ORIENTATION COMPLETED
_____	CRIMINAL HISTORY CHECK COMPLETED	_____	VOLUNTEER AGREEMENT SIGNED
_____	REFERENCES RECEIVED	_____	COPY OF DRIVER'S LICENSE

DATE COMPLETED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

JOB ASSIGNMENT: \_\_\_\_\_

## LEE & BEULAH MOOR CHILDREN'S HOME

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### VOLUNTEER AGREEMENT

I, \_\_\_\_\_, offer to serve as a volunteer at  
(Print Name)

Lee & Beulah Moor Children's Home (LBMCH). I understand and agree that:

1. As a pre-condition of being able to serve as a volunteer with LBMCH, I must complete the *Applicant Disclosure Affidavit* and agree to submit to a Criminal History Background Check through Texas Department of Protective Services (TDPRS).
2. If accepted, I will follow the supervision and direction of the LBMCH employee(s) to whom I have been assigned to perform my volunteer services and activities.
3. While on the premises of LBMCH, and while performing volunteer services, conform to all applicable administrative instructions and requirements of the Agency, including all regulations and procedures concerning conduct, safety, and client care.
4. In the course of volunteering for LBMCH, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
5. The relationship between LBMCH and volunteers is an "at will" volunteer arrangement. I am offering to volunteer my time and labor for the sole purpose of providing humanitarian services to LBMCH, a non-profit organization, without any expectation of receiving wages or other form of compensation at any time. This arrangement may be terminated at any time without cause by either the volunteer or LBMCH. At no time will I consider myself an employee or agent of LBMCH and waive any and all claims of compensation or benefits for any services performed or related to my volunteer assignment.
6. I am sufficiently physically fit to participate safely and I have not been advised otherwise.
7. I will be responsible for any cost or treatment for any illness or medical condition that may arise and that is or is not directly related to the performance of my volunteer assignment. I understand that it may be in my best interest to have or obtain adequate health insurance coverage prior to beginning my volunteer assignment.
8. To the extent permitted by law, hold the LBMCH harmless from any and all claims or actions which may arise by reason of volunteer services performed.
9. I authorize the Agency to investigate all statements made by me, and to contact all persons, companies, governmental agencies and schools named by me in this Application; I authorize all such persons, companies, governmental agencies and schools to provide all information known to them requested by the Agency concerning my employment history, character and qualifications; and I hereby release and forever discharge all such persons, companies and schools from any and all claims or causes of action, State or Federal, at equity or common law, including claims for defamation or invasion of privacy, which I might otherwise have against them for providing such information.

10. I understand that no representative of the Agency other than the President/Chief Executive Officer has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the President/Chief Executive Officer or it is not binding on the Agency.

I understand that my volunteer assignment will begin on \_\_\_\_\_ and end on

\_\_\_\_\_. I will be assigned to the \_\_\_\_\_  
(Department/Section)

and my supervisor will be \_\_\_\_\_. I understand that my

volunteer assignment may be terminated at any time by either party to this agreement.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*(Parent Guardian, as applicable)*



## LEE & BEULAH MOOR CHILDREN'S HOME

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### Procedure for Reporting Suspected Abuse or Neglect

! In the State of Texas, Child abuse and neglect are against the law, and failure to report is a Class B criminal offense, punishable by a \$2,000 fine and/or imprisonment for up to 180 days. In addition, failure to report could subject you to considerable monetary liability in a civil rights action.

! If you suspect a child has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services (TDFPS) and/or to a law enforcement agency.

! You are required to make a report within 48 hours of the time you suspected the child has been or may be abused or neglected.

**What is Abuse?** Abuse is mental, emotional, physical, or sexual injury to a child or failure to prevent such injury to a child.

**What is Neglect?** Neglect includes: 1) failure to provide a child with food, clothing, shelter and/or medical care; and/or 2) leaving a child in a situation where the child is at risk or harm.

#### Receiving the Outcry:

1. Don't discuss the outcry in front of any children or staff.
2. Don't question the child in detail.
3. Don't allow the child to be questioned by multiple persons.
4. Don't show emotion or make comments, either positive or negative, when the child discloses they have been abused.
5. Do not confront or contact the offender.
6. Do not conduct an independent investigation.
7. Do not force the victim to confront the offender.
8. Do not allow the accused to confront the victim.

**Reporting Procedures:** At Lee & Beulah Moor Children's Home (LBMCH), if you suspect that any individual has abused and/or neglected a child in any manner, you are mandated to make a report. The report is made by the person who suspects or has knowledge of the situation, not by a supervisor. You are also mandated to report to TDFPS any outcry about abuse or neglect made by any child.

#### If you suspect or observe any incident of abuse or neglect, you must utilize the following procedures:

1. Protect the child, if necessary.
2. Report the incident to TDFPS and the LBMCH CEO.
3. If the CEO is not available, report to the next designated childcare administrator.
4. Write an Incident Report (include specific information about everything you have seen or heard, all steps taken in providing the child with protection, and all steps taken in reporting the alleged abuse/situation).

**How do I make a report?**

1. Utilize the TDFPS website to make the report. If this is not an option, call the abuse and neglect hotline at 800-252-5400
2. When you make a report, be specific. Tell exactly what happened and when. Be sure to record all injuries or incidents you have observed, including dates and time(s) of day. Note any witnesses. Keep this information secured.
3. Reports should be made as soon as possible, but not later than 48 hours.
4. Give the agency person any information you have about the relationship between the child and the suspected abuser.
5. Provide at least the following in your report:
  - a. Name, age, and address of the child
  - b. Brief description of the child
  - c. Current injuries, medical problems, or behavioral problems
  - d. Parents names
  - e. Witnesses
  - f. Any other information your requested to provide

! It is important to remember to err on the side of caution. If you have reason to suspect child abuse and/or neglect, but are not positive, you must **STILL MAKE THE REPORT!** It is not our job to decide or authenticate the report. It **IS** our only job to report. The law offers protection for those acting in good faith—you are protected.

! Do not engage in investigation(s) of the alleged/suspected incident(s) on your own. Consult with your supervisor, CEO and TDFPS.

*Questions concerning this policy, the procedures or their interpretation may be directed to your supervisor, any program director or the CEO.*

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**Acknowledgment of Reporting Procedures**

I \_\_\_\_\_ have received instructions regarding the LBMCH Procedure for Reporting Suspected Abuse or Neglect of a Child. I acknowledge it is my responsibility to follow the guidelines set forth by the procedures and be knowledgeable, as applicable, of the Minimum Standards for General Residential Operations and Residential Treatment Centers: Subchapter D, Reports and Record Keeping, Subchapter F, Training and Professional Development and Subchapter H, Child Rights or the Minimum Standards for Child-Placing Agencies: Subchapter C, Division 1, Permit Holders Responsibilities and Division 8, Policies and Procedures; Subchapter D, Reports, Division 1 and Division 3, Personnel Records Reports and Record Keeping, which establishes the foundation for the these Procedures.

I further understand that failing to adhere to the minimum standards may result in disciplinary action, up to and including termination of employment.

\_\_\_\_\_  
*Volunteer's Name (printed)*

\_\_\_\_\_  
*Volunteer's Signature*

\_\_\_\_\_  
*Date*

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

“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.”

### Who is required to have a Named-Based Background Check for Criminal History and History of Abuse or Neglect?

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child-care operation to provide identifying information to the Texas Department of Family and Protective Services (DFPS) on the director, owner, and operator of the operation; each current and prospective employee; each current or prospective foster parent providing foster care through a child-placing agency; each prospective adoptive parent seeking to adopt through a child-placing agency; and each person 14 years of age, other than a client in care who: is counted in child-to-caregiver ratios, will reside in a prospective adoptive home if the adoption is through a child-placing agency, has unsupervised access to children in care at the operation or resides in the operation, or will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care. The information provided below will be used to run a name-based background check for any criminal history and history of abuse or neglect (central registry check).

### Who is required to have a Fingerprint-Based Criminal History Check?

As part of the background check process, it may be necessary for you or your staff to be fingerprinted through the applicant fingerprinting service center for the Texas Department of Public Safety (DPS). The following must request a fingerprint-based criminal history check:

- Any person required to have a name-based background check that has lived outside of Texas within the past five (5) years or you have reason to believe has a criminal history in another state is required to have a fingerprint-based criminal history check.
- Child-placing agencies and independent foster homes that will accept the placement of children for whom DFPS is the managing conservator must request a fingerprint check for any foster or adoptive parent applicant, including a person who has adopted in the past and who applies to adopt again unless the person is also verified as a foster/adopt home; and any adults 18 years or older living in the home of a foster or adoptive parent applicant.
- Child-care centers must request a fingerprint-based criminal history check for the directors, owners, operators, or administrators of the center; current and prospective employees; any person(s), including volunteers, who are counted in the child/caregiver ratio; and any person who has unsupervised access to children in care.

If a person has a DPS clearinghouse record from a fingerprint check conducted by another entity that is available for review by DFPS, then the person is not required to submit his/her fingerprints again. You must check the "FBI Results in DPS Clearinghouse" check box on form 2971 and notify the Centralized Background Check Unit Support Line at 800-645-7549 or send an email to [RCCLFBIREULTS@dfps.state.tx.us](mailto:RCCLFBIREULTS@dfps.state.tx.us) so that the clearinghouse record may be verified.

### When must I complete the background check request?

Each person at your operation who is required to have a background check must complete all required background checks prior to having direct access or providing direct care to the children in care and once every 24 months thereafter.

### How do I submit a background check request?

If	then
You are applying for a permit	you must send your background check request form along with your application to your local licensing office.
You are a Licensed Child-Care Center or Residential Care permit holder	you must submit your background check requests via the Internet.
You are a Licensed Child-Care Home or Registered Home	you may submit your background check requests via the Internet or the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are a Listed Home permit holder	you may submit your background check requests via the Internet or the background -check form to: DFPS, Listed Home Unit, P.O. Box 149030, Mail Code: 121-8, Austin, TX 78714-9030.

Background check requests may be submitted at the following address:

[www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/ppFacilityLogin.asp](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp).

**NOTE:** If you are submitting your request via the Internet please DO NOT submit this form to your licensing office.

### Is there a fee for processing background check requests?

Background check processing fees are included in the annual fee for Listed Homes. All other operation types, you must pay a **\$2 fee** for each person listed on this form or submitted via the Internet. Submit Form 2988-A, Child Care Fee Schedule, along with the fee(s), to: **DFPS, Accounting Division MC: E-672, P.O. Box 149030, Austin, TX, 78714-9030**. Failure to submit fee payments can result in **adverse action including suspension or revocation**.

A fee of **\$44.20** must be paid to the DPS Fingerprinting Service Center for each person obtaining fingerprint checks at the time the fingerprint check is run. See [http://www.dfps.state.tx.us/Documents/Child\\_Care/Forms/2965.doc](http://www.dfps.state.tx.us/Documents/Child_Care/Forms/2965.doc) for additional information and an application for fingerprint-based checks.

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"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."

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified **(by reviewing the person's social security card and/or driver license)** that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

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Printed Name of Director, Owner, or Operator      Signature of Director, Owner, or Operator      Date

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor							
<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Caregiver		<input type="checkbox"/> Director		<input type="checkbox"/> Foster parent	
<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)							
<input type="checkbox"/> Relative		<input type="checkbox"/> Fictive Kin		<input type="checkbox"/> Unrelated			
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race			
				<input type="checkbox"/> White		<input type="checkbox"/> Asian	
				<input type="checkbox"/> Black		<input type="checkbox"/> American Indian/Alaskan Native	
				<input type="checkbox"/> Unable to Determine		<input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

<b>DFPS Use Only</b>	Worker Name--Last, first	Mail Code
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## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"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."

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:							
For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated							
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
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Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"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."

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
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Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander			
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Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

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