

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY 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)		County

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department’s central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

I verified (by looking at 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.

_____ Date _____
Signature of Director, Owner, or Operator

Complete the following for each person requiring a Criminal History/Central Registry Check; verify that the information is accurate by checking the person’s social security card and/or driver license; and return all required background check request forms to your local licensing office. **If a new person is being hired you must submit the request TO YOUR LOCAL LICENSING OFFICE WITHIN TWO DAYS after the person is hired or is present in the operation.** Additional forms may be obtained from the licensing office. For each person listed on this form, a \$2 fee must be paid. **A COPY of this form, along with the fee(s), must be submitted** with a Form 2988-A, Child Care Fee Schedule, to: **TDPRS, Accounting Division E-672, P.O. Box 149030, Austin, TX. 78714-9030. The ORIGINAL background check request form must be submitted to YOUR LOCAL LICENSING OFFICE.**

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person to requestor	
Date Hired /Used by the Operation/Agency	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan
Other names used (married, maiden, etc.) First Name		Middle Name	Last Name

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PRS Use Only	Worker Name--Last, first	Mail Code	Region	Operation No.	Operation Type
	Date Received	Date Criminal History Entered	Date Central Registry Cked	Date FBI Card Submitted	

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