***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_