

PERMISSION TO CONDUCT BACKGROUND CHECK

Harris County Protective Services for Children and Adults (HCPS) 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 and of working with children, youths and adults, any person providing services (employee, intern, volunteer, Board member, contractor, etc.) on behalf of and to HCPS 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 HCPS consent to conduct **subsequent inquiries during the length of your engagement with CPS.**

| | | | | | |
|---|---|---|--|-----------------------------------|--------------------------------------|
| PERSONAL DATA | | PROGRAM: BOARD | | SUPERVISOR NAME: | |
| LAST NAME | | FIRST NAME | | MIDDLE 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"/> American Indian/Alaskan Native | ETHNICITY (must accompany race) | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ | <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 Protective Services 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 HCPS.

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 |

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 TEXAS

COUNTY OF HARRIS

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: _____

**Disclosure and Consent to Release of Information
Regarding Criminal or Abuse/Neglect History
For Applicants, Employees or
Volunteers of DFPS Contractors and Subcontractors**

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

1. Have you ever been convicted of or pleaded "guilty" or "no contest" to a felony or misdemeanor as an adult or juvenile? Include deferred or probated adjudications as well as convictions that have been set aside. Yes No

If yes, give details including date, location and nature of the offense and disposition for each such 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 date, location, and type of charge.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities? Yes No

If yes, give details, including the state and county in which each such investigation occurred.

I declare the information provided on this statement 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.

I also agree to inform the contractor, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.

I authorize DFPS to verify any information provided by me through the investigative records maintained by DFPS and any other state protective services agency, as well as records of any law enforcement agency, including the Texas Department of Public Safety and the Federal Bureau of Investigation.

I consent to DFPS' 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.

Printed Name of Person Completing Form

Signature of Person Completing Form

Harris County Protective Services
for Children and Adults

23362203

Date Signed

Contractor's Name

Contract #

Request for Criminal History and DFPS History Check

| | | | |
|--|--|---|---|
| Contractor Name Harris County Protective Services for Children and Adults | | Contract Number 23362203 | Telephone No. (A/C) 713.394.4196 |
| Contractor Address (Street, City, ZIP) 2525 Murworth, Houston, Texas 77054 | | Contractor Mailing Address (Street, City & Zip) | |
| Contact Person to receive results of background check (Name and Title) Delores Jackson, Human Resources Manager II | | Method to receive results <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Regular Mail | E-mail or Mailing Address Rolanda.Bass@cps.hctx.net |
| | | County Harris | |

Section 411.114 of the Texas Government Code and agency policy require DFPS to do Criminal and Abuse/Neglect/Exploitation Background Checks on Contractors, and on each employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract and/or access to personal client information. Identifying information must be provided by Contractors to facilitate this process. Records must be maintained and rechecked every 24 months. Contractors must submit requests for subsequent checks at least 30 days before the date they are due. This information will be used to check for any criminal history and the Department's records of abuse, neglect and exploitation. 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. You will be notified of the results of the check.

I verify (by viewing the person's social security card and/or drivers 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 is a cause for denial of the contract or revocation of my contract.

Signature of Director, Owner, Operator, or authorized Representative Date

Complete the following for each person requiring a Criminal History/DFPS Check; verify that the information is accurate by checking the person's social security card and drivers license; and return all required background check request forms to DFPS. All names used currently or in the past by the person must be entered. Without these names you may get cleared results when there is actually a match. **If a new person is being hired or transferred to this contract, you must submit the request to DFPS BEFORE the person has direct contact with a DFPS client or DFPS client information. Requests for background checks may be submitted by mail or FAX. Form 2970c for the requested persons must be attached.**

| | | | |
|---|--|--|---|
| 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 |
| Previous address(es) within the last 5 years | | Relationship of person to requestor | |
| Has the person lived outside TX during the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list states. | | <input type="checkbox"/> Contractor <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Applicant for employment <input type="checkbox"/> Volunteer Applicant <input type="checkbox"/> Other _____ | |
| Date Hired | Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to Determine | Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native | |
| Other names used (married, maiden, etc.) First Name | Middle Name | Last Name | Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|--|---|
| 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 |
| Previous address(es) within the last 5 years | | Relationship of person to requestor | |
| Has the person lived outside TX during the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list states. | | <input type="checkbox"/> Contractor <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Applicant for employment <input type="checkbox"/> Volunteer Applicant <input type="checkbox"/> Other _____ | |
| Date Hired | Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to Determine | Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native | |
| Other names used (married, maiden, etc.) First Name | Middle Name | Last Name | Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|--------------------------|--|---------------------------|-------------------------|------------------------|
| DFPS Use Only | Name of Person completing Background Check | Mail Code | Region/ Program | Date Received |
| | Date Criminal History Entered | Date DFPS Records Checked | Date FBI Card Submitted | Date Feedback Provided |