

**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 a felony or misdemeanor as an adult or juvenile? This includes offenses to which you pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed. 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 that 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 grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.

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

Date Signed

Buckner Children & Family Services, Inc.
Contractor's Name

232671-322
Contract #

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 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.

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 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 Buckner Children & Family Services Midland		Operation Number 1283626-7311	Telephone No. (A/C) 432-520-5588
Operation Address (Street, City, ZIP) 425 W. Pecan Ave. Midland, TX 79705		Operation Mailing Address (City & Zip)	County Midland

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.

Printed Name of Director, Owner, or Operato 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"/> 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			

DFPS Use Only	Worker Name--Last, first	Mail Code
----------------------	--------------------------	-----------

BUCKNER

Criminal Conviction and Motor Vehicle Background Investigation Acknowledgement Statement

It is Buckner International and its subsidiaries (Buckner) policy to offer volunteer opportunities to persons who have never pled guilty to, been convicted of, or received probation, deferred adjudication or pretrial diversion for any criminal offense, other than minor traffic citations including, but not limited to criminal homicide; kidnapping and false imprisonment; indecency with a child; sexual assault; aggravated assault; abandoning and endangering a child; aiding suicide; agreement to abduct from custody; sale or purchase of a child; arson; robbery; aggravated robbery; injury to a person; possession of illegal substance; fraud; theft; other action which violates state or federal guidelines for any agency, organization, or other entity owned or operated by the Company. Volunteers or prospective volunteers guilty of other convictions which the Company believes to be a risk to our clients/consumer safety or their welfare will not be considered for volunteer assignments.

A criminal background investigation shall be conducted before an individual may serve as a Buckner volunteer and annually thereafter should the volunteer continue to provide services.

In the rare event that a volunteer provides transportation for Buckner clients, a Motor Vehicle Background Investigation shall be conducted prior to transporting clients and annually thereafter should the volunteer continue to provide services. Volunteers shall not be permitted to transport Buckner clients if they have a conviction for driving while under the influence of alcohol within the past five (5) years or if they have three (3) or more moving violations within the past three (3) years.

I, _____, have read the Background Investigation policy as it is stated above, and any questions which I may have had have been answered. I, therefore, fully understand its meaning and requirements and hereby agree to authorize Buckner to conduct Criminal Background Investigations and when required, Motor Vehicle Background Investigations as stated above. I affirm that all of the information provided by me which may be used in complying with the investigation is true and correct.

Signature

Date

Printed Name

Witness Signature

Date

Printed Name

**Consent to Investigate Personal Background Information
Authorization for Parties to Release Information
Indemnification for All Parties Involved in Background Investigation**

I, _____, authorize Buckner Children and Family Services, Inc., (BCFS) its staff, or its agents to investigate my background in any manner it deems necessary and authorize all persons, companies, and law enforcement agencies, other agencies, and schools to release all information concerning my background, character, and suitability to provide services to BCFS and its clients.

I understand that this information may include, but is not limited to, arrest, conviction and driving record information and I hereby release all local, state, and federal law enforcement agencies, their officers, employees, administrators and all other persons, companies, school, firms, organization or agencies of any kind from any liability or claim of any type for providing background information concerning me.

I, the undersigned, do for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify and hold BCFS, its subsidiary corporations, officers, directors, employees, and agents harmless from any attorney fees, court costs, and any other expenses resulting from the investigation of my background, gathering information concerning me, or otherwise verifying personal information in connection with services provided to BCFS and its clients.

I understand that this information will be used to determine my eligibility to provide services to BCFS and its clients. I also understand that for the time I am providing services for BCFS and its clients, that BCFS may from time to time conduct an investigation of my background.

I certify that all information that I provided to Buckner is true, correct and complete whether I provided information verbally or in writing. I understand that any misrepresentations or omissions will immediately terminate my service with any Buckner corporation now or in the future.

Name

Date

Criminal Conviction and Motor Vehicle Background Investigation Acknowledgement

Please submit along with this form a copy of Driver's License, Social Security Card, and current Motor Vehicle Insurance Verification.

NAME: _____
FIRST MIDDLE LAST

OTHER NAMES USED: _____
(married, maiden, etc.) FIRST MIDDLE LAST

ADDRESS(Street, City, County, State, ZIP): _____

TELEPHONE #: (____)_____

DATE OF BIRTH: _____ (xx-xx-xxxx)

SOCIAL SECURITY #: _____ DRIVER LICENSE #: _____ St. ____

RACE: White Black Asian/Pacific Islander American Indian/ Alaskan Native

ETHNICITY (must accompany race): Hispanic Other

List all cities of residence during the past five (5) years:

Have you ever been convicted of a felony? No Yes

If yes, give details, including date, place and nature of conviction and disposition.

Have you ever been convicted of a misdemeanor? No Yes

If yes, give details, including date, place and nature of conviction and disposition.

Are you currently charged with (indictment or official criminal complaint accepted by a county or district attorney) a felony or misdemeanor?

No Yes

If yes, give details, including the type of charges.

Signature: _____ Date: _____