



Therapeutic Family Life Consent for Background Check

This form is to be completed by any individual employed at the operation, current or prospective Foster or Adoptive parent, any person 14yrs of age or older who has unsupervised access to the children in care, resides in the home, any person visiting regularly or frequently present at the home.

1. Full Name (*No initials please*), and other names used:

First Name	Middle Name	Last Name
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Other First Name(s)	Other Middle Name(s)	Other Last Name(s)
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2. _____ 3. _____ 4. _____

Birthdate (<i>Mo/Day/Yr</i>)	Social Security No. (<i>Provide Copy</i>)	Driver's License/ID No. (<i>Provide Copy</i>)
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5. Ethnicity (*Must accompany Race*): Hispanic Not Hispanic Unknown 6. Gender Male Female

7. Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Unknown

8. _____

Phone number (<i>Include area code</i>)	Street Address (<i>Include apt. number</i>)	City County Zip Code
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9. _____

Email Address

10. Will you have unsupervised contact with the children placed in the home (*Meaning being alone with the children in another room, supervising without caregiver present, taking naps in the home, etc.*) ? Yes No

11. Name of Foster Family (*If applicable*) _____

12. Have you lived in another state during the last five years? Yes No

If yes, please list the full address to include city, state, county and the dates of residency:

Full Address City/State/County	Beginning Date (mo/day/year)	Ending Date (mo/day/year)

13. List ALL cities in Texas where you have lived *at any time throughout your life* (Include dates):

Name of Texas City	Beginning Date (mo/day/year)	Ending Date (mo/day/year)

14. Role (*Check all that applies*): Staff Foster/Adoptive Parent Respite Household Member Frequent Visitor
 Nursing Staff Other _____

I hereby give my permission for Therapeutic Family Life to use the above information to conduct a background check including a Criminal History Check/Texas Abuse and Neglect Database. All information documented above is accurate and complete.

Signature

Date