



Prospective Parent Household Member
 Staff Respite Provider/Babysitter Visitor
 Relative Unrelated Fictive Kin

**ACKNOWLEDGMENT
 CAPS AND CRIMINAL HISTORY CHECK**

I hereby acknowledge that I have been informed that a Criminal History, Departmental Internal Records, and Child and Adult Protective Services (CAPS) check is required to be eligible to work with The Texas Department of Family and Protective Services. I further understand that by signing this acknowledgement, I am authorizing The Texas Department of Family and Protective Services to perform a Criminal History Check, Departmental Internal Records and CAPS checks. I further understand that I am in that in no way waiving any of my rights that I may have to hearings, appeals or any other administrative process with regard to any findings.

Signature

Date

Print Full Name

Maiden Name

Other Names Used

Phone Number

Email Address

_____/ **Hispanic**
Race

Gender

Date of Birth

Driver's License Number

State of License

Social Security Number

Street Address **City** **State** **Zip** **County**

Lived outside Texas in last five years
List cities/counties/states/countries:

Cities in Texas where you have lived

Background Check Connected to _____ (Foster Family Name)