

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

CCL

“Texas law gives you the right to know 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 correct information about you be corrected by contacting your licensing representative”

This Section Completed by Company

| | | |
|---|--|--|
| Operation Name DePelchin Children’s Center and Affiliates | Operation Number | Telephone No. (A/C) 713-802-7665 |
| Operation Address (Street, City, ZIP) 4950 Memorial Drive, Houston, Texas 77007 | Operation Mailing Address (City & Zip) 4950 Memorial Drive, Houston, Texas 77007 | County Harris |

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 the 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 Operator | Signature of Director, Owner, or Operator | Date |
|--|---|------|

Initial
 24 Month Check
 Fingerprint Check Required
 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 other addresses, including county, where the person has lived outside of Texas in the previous five years:

Relationship of person to requestor

Adoptive Parent
 Caregiver
 Director
 Foster Parent
 Household Member
 Licensed Administrator
 Other Staff
 Staff
 Volunteer
 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)

Relative
 Fictive Kin
 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"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander |
|---|---|---|

| | | |
|--|-------------|-----------|
| Other names used (married, maiden, etc.) | Middle Name | Last Name |
|--|-------------|-----------|

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|----------------------|---------------------------|-----------|
| DFPS Use Only | Worker Name – Last, First | Mail Code |
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