Request for Criminal History and DFPS History Check

**for Purchased Client Services Contractors**

**Purpose:** Use this form to submit background checks on contractors, and each employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who have access to personal DFPS client information.

**Directions:** An authorized representative for the contractor completes the contractor information and verification signatures. The representative then completes identifying information for each person required to have a background check. Attach additional copies of the form as needed if background checks are needed on more than three individuals. If additional space is needed for the required information, please attach a separate sheet containing the information.

| CONTRACTOR INFORMATION | | | | |
| --- | --- | --- | --- | --- |
| Contractor Name: | Contract Number: | | Telephone Number:  (   )    - | |
| Contractor Address: | Contractor Mailing Address: | | County: | |
| CONTRACTOR VERIFICATION SIGNATURES | | | | |
| I verified **(by reviewing the person’s social security card or driver's 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 DFPS 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 or revocation of the contract. | | | | |
| Printed Name of Contractor, Owner, Operator, or Authorized Representative: | | Signature of Contractor, Owner, Operator, or Authorized Representative:  X | | Date Signed: |

| PRIVACY STATEMENT |
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| DFPS values your privacy. For more information, read our privacy policy online at: [www.dfps.state.tx.us/policies/privacy.asp](http://www.dfps.state.tx.us/policies/privacy.asp). |

| INDIVIDUAL'S IDENTIFYING INFORMATION | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | Middle Name: | | | | Last Name: | | | |
| List all maiden, married or alternative names the individual has used in the past. Not providing all names previously used by the individual will result in inaccurate results being received: | | | | | | | | | |
| Other First Names: | | Other Middle Names: | | | | Other Last Names: | | | |
| Street Address: | | City: | | | | State: | | | Zip Code: |
| County: | | Telephone Number:  (   )    -     Residence     Business     Cell | | | | Date of Birth: | | | Gender:     Male     Female |
| Do you have a Social Security Number:  Yes No | | | | | | | | | |
| If the person has been issued a social security number, (SSN), it must be provided to ensure the background check result is valid: Please list the SSN below: | | | If this person does not have a Social Security Number, you must enter one of the following valid alternate number types:  Alternative ID Type:     Driver License:  Number:      State:     State ID:  Number:      State     Permanent Residency Card  Number:     Passport  Number:       Country     Canadian SIN  Number:     Military ID  Number: | | | | | | |
| Has this person lived outside of Texas in the last 5 Years:  Yes  No | | | | | Birth City:  Birth State: | | | | |
| Enter the previous physical address(es) for the background check subject in the space provided: | | | | | | | | | |
| Ethnicity (must accompany race):     Hispanic     Non-Hispanic | | Race:     White     Black     Asian | | American Indian/Alaskan Native     Native Hawaiian/ Pacific Islander | | | | | |
| Will this person ever drive DFPS clients?     Yes    No  If yes, their driver license number and state of issuance must be submitted. | | | Photo ID Type:     Driver License:  Number:      State:     State ID:  Number:      State | | | | | | |
| Initial Check | 24 Month Check | Fingerprint Check Required | | | | | Person has previously completed an FBI fingerprint-based check through DFPS or TEA | | |
| In addition to obtaining a DPS name-based criminal history check, fingerprint-based criminal history checks are required for any PCS contractor and individuals on their staff who, at the time of his or her initial background check request:  • currently lives or has lived outside of Texas within the past five years; or  • currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal history check was completed.  If the individual requires a fingerprint-based criminal history check, you must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.  Preferred method of contact for scheduling fingerprint appointment:      Email:     Telephone Number: (   )    - | | | | | | | | | |
| Relationship of person to contractor:     Contractor     Staff     Volunteer | | Applicant for employment     Applicant to Volunteer     Other (describe): | | | | Date Hired: | | Role/Job Duty: | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | Middle Name: | | | | Last Name: | | | |
| List all maiden, married or alternative names the individual has used in the past. Not providing all names previously used by the individual will result in inaccurate results being received: | | | | | | | | | |
| Other First Names: | | Other Middle Names: | | | | Other Last Names: | | | |
| Street Address: | | City: | | | | State: | | | Zip Code: |
| County: | | Telephone Number:  (   )    -     Residence     Business     Cell | | | | Date of Birth: | | | Gender:     Male     Female |
| Do you have a Social Security Number:  Yes No | | | | | | | | | |
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| Has this person lived outside of Texas in the last 5 Years:  Yes  No | | | | | Birth City:  Birth State: | | | | |
| Enter the previous physical address(es) for the background check subject in the space provided: | | | | | | | | | |
| Ethnicity (must accompany race):     Hispanic     Non-Hispanic | | Race:     White     Black     Asian | | American Indian/Alaskan Native     Native Hawaiian/ Pacific Islander | | | | | |
| Will this person ever drive DFPS clients?     Yes    No  If yes, their driver license number and state of issuance must be submitted. | | | Photo ID Type:     Driver License:  Number:      State:     State ID:  Number:      State | | | | | | |
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| Street Address: | | City: | | | | State: | | | Zip Code: |
| County: | | Telephone Number:  (   )    -     Residence     Business     Cell | | | | Date of Birth: | | | Gender:     Male     Female |
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