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documents@familylinkkids.com



FOR OFFICE USE

Date Submitted: _____

Background Consent Form

This form must be complete and legible. Indicate why you are submitting this form to FamilyLink.

- ☐ Applying to be a Foster and/or Adoptive Family
- ☐ Household member of Applicant. Name of the Family: _____
- ☐ Respite Provider or Baby Sitter. Name of the Family: _____
- ☐ Frequent visitor to the Home of a Foster/Adopt family. Family Name: _____
- ☐ Applying to the Volunteer or Mentor Program.
- ☐ Family Link Employee or Subcontractor

CHOOSE ONLY ONE

Name (First/ Middle/ Last): _____

SSN _____ - _____ ID # _____ ID State _____ ID Type: Drivers License State ID

Date of Birth ____ / ____ / ____ Gender MALE FEMALE

Address _____
Street Apt# City State Zip Code County

Phone #: (____) _____ - _____ Email: _____

List Other Cities of Residence in Texas: _____

Have you lived outside the state of Texas in the last 5 years? Yes No

If yes: Address _____

Attach separate sheet with additional addresses
Street Apt# City State Zip Code County

Ethnicity (Choose One): Hispanic Non Hispanic

Race (Choose One): Asian Black White Unknown

American Indian/Alaskan Native Native Hawaiian/ Pacific Islander

List any alternate names, including maiden name _____

- i. A background check, including criminal history, will be conducted on applications prior to the CPS verifying the foster family as a foster home;
- ii. Certain criminal convictions will preclude applications from becoming a foster and/of adoptive parent, as described in the Criminal History Convictions and Requirements chart
- iii. Certain criminal convictions may be considered when evaluating a person's application to become a foster and/or adoptive parent, as described in the Criminal History Convictions and Requirements chart. The Criminal History Convictions and Requirements Chart can be found at:
[http://www.dfps.state.tx.us/documents/Child Care/Child Care Standards_and_Regulations/2011-11-10_Verified_Foster-Adoptive.doc](http://www.dfps.state.tx.us/documents/Child%20Care/Child%20Care%20Standards_and_Regulations/2011-11-10_Verified_Foster-Adoptive.doc)

By affixing my signature to this document I affirm I have never been found to be a perpetrator of Confirmed Class I Abuse in any previous employment. I authorize FamilyLink to contact previous employers to confirm all information provided. My signature also authorizes FamilyLink Treatment Services to execute a criminal history and central registry check.

Signature: _____

Date: _____