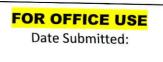
Submit this form via email to documents@familylinkkids.com





Background Consent Form

	This form must be complete and legible. Indicate why you are submitting this form to FamilyLink.
•	D Applying to be a Foster and/or Adoptive Family
ONE	D Household member of Applicant. Name of the Family:
õ,	
ONLY	D Frequent visitor to the Home of a Foster/Adopt family. Family Name:
OSE	
	D Family Link Employee or Subcontractor
	Family Link Employee or Subcontractor
CHOOSE ONLY ONBO	Name (First/ Middle/ Last):
5	SSN ID # ID State ID Type: Drivers License State ID
	Date of Birth / / Gender MALE FEMALE
	Address County
	Address County Street Apt# City State Zip Code
	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 Street Apt# City State Zip Code County with additional addresses
	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_Verificed_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: _____