



Consent for Background Checks Including DPS and CANRIS

First Name	
Middle Name	
Last Name	
Alternate Name(S) (Include Maiden, All Married Names, Aliases, Nicknames)	
SSN	
Driver's License #	
Date of Birth	
Gender	
Email Address	
Street Address	
City, State, Zip	
County	
Telephone	
Other Cities of Residence in Texas	
Other States (<u>Include City and County</u>) Lived In (Within the Last Five Years)	
Race (Please Choose Only One)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander

By signing below, I acknowledge that all information obtained above is true and correct to the best of my knowledge. I also consent for Children's Hope Residential Services, Inc. to complete criminal background checks on me as necessary to meet DFPS Minimum Standards, to include checks with DPS, DFPS, the FBI, and other state and local authorities no less than every two years.

Signature

Date