

FOSTER HOME: _____

ROLE: _____



Consent for Background Checks Including DPS and CANRIS

| | |
|--|--|
| First Name | |
| Middle Name | |
| Last Name | |
| Alternate Name(S) <small>(Include Maiden, All Married Names, Aliases, Nicknames)</small> | |
| SSN | |
| Driver's License # | |
| Date Of Birth | |
| Gender | |
| Street Address | |
| City, State, Zip | |
| County | |
| Telephone | |
| Other Cities Of Residence In Texas | |
| Other States (Include City And County) 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 Camelot Community Care, 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

TO RUN BACKGROUND CHECK PLEASE PROVIDE COPY OF DL AND SS CARD