



8700 Manchaca #604
Austin, TX 78748
512-233-6464 Fax 512-233-6473

CRIMINAL HISTORY CENTRAL REGISTRY CHECK CONSENT

I authorize FAMILYLINK TREATMENT SERVICES to execute a criminal history check. _____
Date

Signature

Witness Signature

Printed Legal Name

Printed Name of Witness

For: (Check One) Foster/Adopt Parent Staff Child 14 or over
 Volunteer Therapy Subcontractor Other Household member

CLASS I ABUSE STATEMENT

By affixing my signature to this document, I _____, affirm that I have never been found to be a perpetrator of Confirmed Class I Abuse in any previous employment. I am also authorizing Family Link to contact previous employers to confirm all information provided.

Signature

Witness Signature

Date

Date

Information needed for TDFPS Criminal History/Central Registry Check:

Legal Name: (Last, First, Middle) _____

Other Names: (Maiden, Married, Nicknames, etc.) _____

Sex: Male Female **Date of Birth:** _____

Ethnicity: Hispanic Not Hispanic

Race: American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander White

Social Security Number: _____ **Driver's License State and #** _____

Other Cities of Residence in Texas: *List other cities in Texas where you have lived.*

Out-of-State Resident in the Last 5 Years? *Previous Address(es) Outside of Texas, include County:*

Current Street Address: _____

City _____, TX **Zip** _____ **County:** _____ **Ph:** _____

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For Agency Use Only:

File in _____ **Family File** **SUBMITTED BY/RETURN TO:** _____