

Submit this form via email to  
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
- Adult household member of Applicant (Extended Family or Roommates living in the home)  
Name of the Family applying to be foster/adopt parents: \_\_\_\_\_
- Occasional caregiver for a family applying to be foster/adoptive parents  
Name of the family you will be providing care for: \_\_\_\_\_
- Child of applicant 14 years old or over. Parents Names: \_\_\_\_\_
- Frequent visitor to the home of a foster/adopt family.  
Foster/Adopt Family Name: \_\_\_\_\_
- Applying to the Volunteer Program.  
Are you the leader of a volunteer group from your church?  YES  NO  
If you're applying with a Church Group give the church or group name: \_\_\_\_\_
- Therapy Subcontractor
- Applying for Employment to FamilyLink

CHOOSE ONLY ONE

Name: \_\_\_\_\_ Name Suffix: 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> Jr Sr MD PhD  
FIRST MIDDLE LAST Circle If Appropriate

SSN - - ID # ID State ID Type  Driver's License  
 State ID

Date of Birth / / Gender  MALE  FEMALE

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?  NO  YES

If yes: Address \_\_\_\_\_

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

Ethnicity  Hispanic  Non Hispanic | Race  American Indian/Alaskan Native  Asian  Black  
CHOOSE ONE  Native Hawaiian/Pacific Islander  White  Unknown

List any alternate names, including maiden name \_\_\_\_\_

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: \_\_\_\_\_