



CRIMINAL OR ABUSE/NEGLECT HISTORY FOR APPLICANTS, EMPLOYEES, OR VOLUNTEERS OF DFPS CONTRACTORS AND SUBCONTRACTORS

Purpose: Use this form to disclose the criminal and abuse or neglect history for each contractor's employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who will have access to personal DFPS client information.

Directions: To complete this form, fill in the fields with the required information. Attach additional pages if necessary. If the contractor submits the background check request directly through ABCS, the contractor must maintain the original document in the personnel record along with the results. If the contractor submits this form to the DFPS contract manager for submission through ABCS, the contractor must maintain a copy of this form in the personnel record along with the results.

REQUIRED INFORMATION

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you have pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.

- Yes
 No

If yes, give details including the date, location, and nature of the offense as well as the disposition for each incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?

- Yes
 No

If yes, give details including the date, location, and nature of the offense for each incident.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, a person who is elderly, or a person with disabilities?

- Yes
 No

If yes, give details including the date, location, and nature of the situation as well as the disposition (if applicable) for each allegation.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy online at:
www.dfps.state.tx.us/policies/privacy.asp.

SIGNATURES

I declare that the information provided on this form is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor within 10 days if I am named in complaints, indictments, or convictions of offenses as described in items 1 and 2 above, or if I am investigated as described in item 3 of this form. The contractor must then notify the contract manager of this information.

I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.

I consent to DFPS's disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.

Printed Name of Person Completing Form:

Signature of Person Completing Form:

Date Signed:

Contractor's Name:

Agency Account ID #: