

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Instructions for Form 2971

Page 1

General instructions:

Do not leave any blanks. Write "none," "not applicable" or "NA" if the item does not apply.

Facility Information: Enter the facility name and six-digit facility number as they appear on your license, registration or listing if they are not already preprinted on the form.

Signature/date: Self-explanatory

Name: List every name used by this person, including maiden name, previous married names, and nicknames such as "Bill" for William or "Mary" for Maria and so on. Write out the middle name, instead of using just the middle initial.

Address and phone: Enter the current information for each person.

Date of birth, sex, SSN (social security number): Your form cannot be processed without this information. Make sure to verify that this information is correct by comparing it to the person's social security number and/or drivers license.

Relationship to person requesting the check: Make sure that one of the following is enter; Adoptive parent, caregiver, director, foster parent, household member, licensed administrator, other staff, staff, volunteer.

All other cities in Texas: List every town and city in Texas where the person has lived since the age of 14. Do not leave this blank.

Date hired: Write the date when the person was hired, became a volunteer or began living at the facility or family home. (Do not include children in care.)

Race: Choose one of the four options that most nearly describe the person's race.

Ethnicity: In addition to race, mark whether or not the person considers himself/herself to be Hispanic.

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Make as many copies of page 2 as you need to list all the names you wish to submit. Only one Page 1 is required for each facility list.

Mailing instructions:

1. If you are completing this form because you have added new staff or volunteers or if a new person (other than a child in care) has come to live at the facility or family home, send the form to your local licensing office within two days of the person being hired or present. A **copy** of this form needs to be sent to the FPS accounting department along with your background check fees and **the original must always be sent to your local licensing office**.

--OR--

2. If you are completing this form with your application material make sure to send the original of this form and all original application material to your local licensing office. Never send your original application material to anywhere other than your local licensing office – unless you have be directed to do so by your licensing representative.

Note: *This form replaces all previous versions of the form 2971. Please throw away your copies of the old forms and use this one from now on.*

Checklist:

- ◇ All items typed or legibly printed
- ◇ Information has been verified by checking person(s) social security card and/or drivers license.
- ◇ Facility information section complete
- ◇ All items filled out for each person
- ◇ New staff list addressed to local office
- ◇ Facility return address added to return envelope