



REQUEST FOR CRIMINAL HISTORY AND DFPS HISTORY CHECK FOR PURCHASED CLIENT SERVICES CONTRACTORS

Purpose: Use this form to submit background checks on contractors, and each employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who have access to personal DFPS client information.

Directions: An authorized representative for the contractor completes the contractor information and verification signatures. The representative then completes identifying information for each person required to have a background check. Attach additional copies of the form as needed if background checks are needed on more than three individuals. If additional space is needed for the required information, please attach a separate sheet containing the information.

CONTRACTOR INFORMATION

| | | |
|--|--|-------------------------------------|
| Contractor Name: StarCare Speciality Health System LMHMR | Contract Number: 24427013 | Telephone Number: (806) 766-0227 |
| Contractor Address: 904 Ave O | Contractor Mailing Address: PO Box 2828 Lubbock TX 79408-2828 | County: Lubbock |

CONTRACTOR VERIFICATION SIGNATURES

I verified (by reviewing the person's social security card or driver's license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the contract.

| | | |
|--|--|--------------|
| Printed Name of Contractor, Owner, Operator, or Authorized Representative: | Signature of Contractor, Owner, Operator, or Authorized Representative: X | Date Signed: |
|--|--|--------------|

PRIVACY STATEMENT

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

INDIVIDUAL'S IDENTIFYING INFORMATION

| | | |
|-------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
|-------------|--------------|------------|

List any other names the individual uses or has used in the past, including married and maiden names below. If you do not provide every name that the individual has used, you may receive inaccurate results:

| | | |
|--------------------|---------------------|-------------------|
| Other First Names: | Other Middle Names: | Other Last Names: |
|--------------------|---------------------|-------------------|

| | | | |
|-----------------|-------|--------|-----------|
| Street Address: | City: | State: | Zip Code: |
|-----------------|-------|--------|-----------|

| | | | |
|---------|--|----------------|---|
| County: | Telephone Number: () - <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Cell | Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---------|--|----------------|---|

Do you have a Social Security Number:

Yes No

If the person has been issued a social security number, (SSN), it must be provided to ensure the background check result is valid: Please list the SSN below:

If this person does not have a Social Security Number, you must enter one of the following valid alternate number types:

- Alternative ID Type:
- Driver License:
Number: State:
 - State ID:
Number: State
 - Permanent Residency Card
Number:
 - Passport
Number: Country
 - Canadian SIN
Number:
 - Military ID
Number:

| | |
|--|-------------------------------------|
| Has this person lived outside of Texas in the last 5 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No | Birth City: Birth State: |
|--|-------------------------------------|



INDIVIDUAL'S IDENTIFYING INFORMATION

Enter the previous physical address(es) for the background check subject in the space provided:

Ethnicity (must accompany race):

- Hispanic
 Non-Hispanic

Race:

- White
 Black
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/ Pacific Islander

Will this person ever drive DFPS clients?

- Yes No

If yes, their driver license number and state of issuance must be submitted.

Photo ID Type:

- Driver License:
Number: State:
 State ID:
Number: State

Initial Check

24 Month
Check

Fingerprint Check Required

Person has previously
completed an FBI fingerprint-
based check through DFPS or
TEA

In addition to obtaining a DPS name-based criminal history check, fingerprint-based criminal history checks are required for any PCS contractor and individuals on their staff who, at the time of his or her initial background check request:

- currently lives or has lived outside of Texas within the past five years; or
- currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal history check was completed.

If the individual requires a fingerprint-based criminal history check, you must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.

Preferred method of contact for scheduling fingerprint appointment:

- Email:
 Telephone Number: () -

Relationship of person to contractor:

- Contractor
 Staff
 Volunteer

- Applicant for employment
 Applicant to Volunteer
 Other (describe):

Date Hired:

CYD Date:

Role/Job Duty:



**Disclosure and Consent to Release of Information
Regarding Criminal or Abuse/Neglect History
For Applicants, Employees or
Volunteers of DFPS Contractors and Subcontractors**

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

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

If yes, give details including date, location and nature of the offense and disposition for each such 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 date, location, and type of charge.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities? Yes No

If yes, give details, including the state and county in which each such investigation occurred.

I declare that the information provided on this statement 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, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.

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' 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

24427013
Contract #