



5301 W. Hwy 31  
Corsicana, TX 75110  
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# Criminal History/Central Registry Check Consent Form

**Applicant Designation (check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> Foster Parent    | <input type="checkbox"/> Occasional Caregiver |
| <input type="checkbox"/> Household Member | <input type="checkbox"/> Employee / Contract  |
| <input type="checkbox"/> Respite          | <input type="checkbox"/> Frequent Visitor     |

Name of Foster Family (if applicable): \_\_\_\_\_

I authorize LIFELINE CHILDREN & FAMILY SERVICES to execute a criminal history check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

## 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 the prospective employer to contact previous employers to confirm all information provided.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Information needed for Criminal History/Central Registry Check

Name: (First, Middle, Last) \_\_\_\_\_

Other Names: (Maiden, Married, etc.) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS Number: \_\_\_\_\_ **\*\*WE MUST ALSO RECEIVE A COPY OF YOUR SS CARD**

DL #: \_\_\_\_\_ State: \_\_\_\_\_

*(Please circle one)*

Sex: Male Female Race/Ethnicity: Black White Hispanic Asian American Indian

List other cities, county, and state where there has been residency for the last 5 years

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____