



7205 S. Cooper Suite
111
Arlington, Tx 76001
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Criminal History/Central Registry Check Consent Form

Applicant Designation (check one):

- Foster Parent Occasional Caregiver
- Household Member Employee / Contract
- Respite 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
