



Child Care Licensing Request for Background Check

Use this form to request background checks required by Texas Administrative Code (TAC) [§745.605](#). You can also submit background check requests through HHSC's [Child Care Licensing Account](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

If,	Then,
Your operation is a licensed child care center, school-age program, before- or after-school program, licensed child care home, registered home or residential care provider,	your operation must submit background check requests through your online Child Care Licensing Account .
Your operation is a listed family home, employer-based child care operation or shelter operation,	your operation may submit background check requests through your online Child Care Licensing Account , by emailing the background check request form to CBCUbackgroundchecks@hhsc.state.tx.us , by faxing the background check request form to 512-339-5871, or by mailing the background check request form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code 121-7, Austin, TX 78714-9030.

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

Operation Information

Operation Name	Operation No.	Operation Area Code and Telephone No.
Operation Address (Street, City, State, ZIP Code)		
Operation Mailing Address (Street, City, State, ZIP Code)		County

Verification Signatures

I verified (by reviewing the person's Social Security card or driver 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 HHSC 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 of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner or Operator

Signature of Director, Owner or Operator

Date Signed

Individual's Identifying Information

☐ Initial ☐ Renewal ☐ Fingerprint Check Required ☐ FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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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
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Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Passport: _____	<input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Permanent Resident Card: _____
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

☐ Email _____ ☐ Area Code and Telephone No. _____

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

- ☐ Adoptive Parent ☐ Contracted Service Provider ☐ Director ☐ Foster Parent ☐ Foster/Adoptive Parent
☐ Household Member ☐ Frequent/Regular Visitor ☐ Licensed Administrator ☐ Owner/Permit Holder
☐ Staff/Employee ☐ Unverified Respite Provider ☐ Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

☐ Relative ☐ Fictive Kin ☐ Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?..... ☐ Yes ☐ No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

- ☐ 0 – 17 months ☐ 18 months – 2 years ☐ 3 years – 4 years ☐ 5 years – 13 years ☐ 14 years – 17 years
☐ Over 17 years ☐ N/A