



## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

**Purpose:** Use this form to submit a background check for individuals required by Texas Administrative Code (TAC) §[745.615](#).

**Directions:** Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at [http://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/cclforms.asp](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp).

After completing this form, you may fax this form to 512-339-5871 or mail it to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.

### OPERATION INFORMATION

Operation Name: HOUSE OF SHILOH FAMILY SVS. INC	Operation Number: 1629186-11691	Operation Telephone Number: (682) 252-2443
Operation Address: 3620 S. Cooper St. Suite #100 Alington, TX 76015	Operation Mailing Address: Same	County: Tarrant

### 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 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 of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator: Benjamin Nwokoye	Signature of Director, Owner, or Operator: X	Date Signed:
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**INDIVIDUAL'S IDENTIFYING INFORMATION**

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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Street Address:	City:	State:	Zip Code:
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County:	Telephone Number: ( ) -	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander
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Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: State: Number: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
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<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
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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:  
 Telephone Number: ( ) -

Relationship of person to requestor:

<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Household Member	<input type="checkbox"/> Licensed Administrator
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:		

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

**DFPS USE ONLY**

Worker Name (Last, First):	Mail code:
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**PRIVACY STATEMENT**

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

The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check.

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Street Address:	City:	State:	Zip Code:
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County:	Telephone Number: ( ) -	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: State: Number: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
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Preferred method of contact for scheduling fingerprint appointment:

Email:

Telephone Number: ( ) -

Relationship of person to requestor:

<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Household Member	<input type="checkbox"/> Licensed Administrator
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:		

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

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