

Therapeutic Family Life Consent for Background Investigation

This form is to be completed by any individual, age 14 and above, who will be in contact with foster children on a frequent basis (i.e. parents and teenagers living in the home, respite workers, volunteers, foster family members, etc.) You may make copies of this form or write on the back for additional individuals.

I. Name (please write out full names, no initials)

First Middle Last Maiden

Other first names or nick names used: _____

Other last names used: _____

II. Date of Birth

Month: _____ Day: _____ Year: _____

III. Social Security # _____

IV. Race/Ethnicity: _____

V. Phone Number and Address

Home Phone Cell Phone Work Phone

Street Address

City, County, State, ZIP

VI. List ALL cities in Texas in which you have lived at any time throughout your life (include dates):

Name of Texas city	Beginning date (mo/day/yr)	Ending Date (mo/day/yr)

I hereby give my permission for Therapeutic Family Life to use the above information to conduct a background investigation including a criminal history check/CANRIS. All information documented above is accurate and complete to the best of my knowledge.

Signature of Applicant (or Guardian if applicant is a minor)

Date