INDIVIDUAL'S IDENTIFYING INFORMATION

☐ Initial	☐ 24 Month Check	☐ Fingerprint Check Required	☐ FBI Results in DPS Clearinghouse

First Name:	Middle Name:	Last Name:

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:

Street Address:	City:	State:	Zip Code:

County:	Telephone Number:	Date of Birth:	Gender: ☐ Male ☐ Female

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): ☐ Hispanic ☐ Non-Hispanic	Race: ☐ White ☐ American Indian/Alaskan Native ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ Asian

Social Security Number:	Photo ID Type: ☐ Driver License: Number: State: ☐ State ID:	Date Hired or Used by the Operation or Agency:

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:

☐ Adoptive Parent	☐ Caregiver	☐ Director	☐ Foster Parent	☐ Household Member	☐ Licensed Administrator
☐ Other Staff	☐ Staff	☐ Volunteer	☐ 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

Will this person be paid or is this person currently paid by the operation in the role selected? ☐ Yes ☐ No

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