

### Request for Criminal History and DFPS History Check

Contractor Name <b>Panhandle Assessment Center</b>		Contract Number <b>23431181</b>	Telephone No. (A/C) <b>806.335.9138</b>
Contractor Address (Street, City, ZIP) <b>4655 SFM 1258, Amarillo, TX 79118</b>		Contractor Mailing Address (Street, City & Zip) <b>4655 SFM 1258, Amarillo, TX 79118,</b>	County <b>Randall</b>
Contact Person to receive results of background check (Name and Title) <b>Anne Friemel, Executive Director</b>		Method to receive results <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Regular Mail	E-mail or Mailing Address <b>annefriemel@panhandleassessment.org</b>

Section 411.114 of the Texas Government Code and agency policy require DFPS to do Criminal and Abuse/Neglect/Exploitation Background Checks on Contractors, and on each employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract and/or access to personal client information. Identifying information must be provided by Contractors to facilitate this process. Records must be maintained and rechecked every 24 months. Contractors must submit requests for subsequent checks at least 30 days before the date they are due. This information will be used to check for any criminal history and the Department's records of abuse, neglect and exploitation. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. You will be notified of the results of the check.

I verify (by viewing the person's social security card and/or drivers 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 the Department 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 is a cause for denial of the contract or revocation of my contract.

*[Signature]*  
 Signature of Director, Owner, Operator, or authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Complete the following for each person requiring a Criminal History/DFPS Check; verify that the information is accurate by checking the person's social security card and drivers license; and return all required background check request forms to DFPS. All names used currently or in the past by the person must be entered. Without these names you may get cleared results when there is actually a match. If a new person is being hired or transferred to this contract, you must submit the request to DFPS BEFORE the person has direct contact with a DFPS client or DFPS client information. Requests for background checks may be submitted by mail or FAX. Form 2970c for the requested persons must be attached.

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Previous address(es) within the last 5 years		Relationship of person to requestor	
Has the person lived outside TX during the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list states.		<input type="checkbox"/> Contractor <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Applicant for employment <input type="checkbox"/> Volunteer Applicant <input type="checkbox"/> Other _____	
Date Hired	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to Determine	Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.) First Name Middle Name		Last Name	Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Previous address(es) within the last 5 years		Relationship of person to requestor	
Has the person lived outside TX during the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list states.		<input type="checkbox"/> Contractor <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Applicant for employment <input type="checkbox"/> Volunteer Applicant <input type="checkbox"/> Other _____	
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Other names used (married, maiden, etc.) First Name Middle Name		Last Name	Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No

TX DL #

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<b>DFPS Use Only</b>	Name of Person completing Background Check	Mail Code	Region/ Program	Date Received
	Date Criminal History Entered	Date DFPS Records Checked	Date FBI Card Submitted	Date Feedback Provided