



# REQUEST FOR TEXAS CHILD ABUSE/NEGLECT CENTRAL REGISTRY

**Purpose:** An individual may use this form to request a Texas Department of Family and Protective Services Central Registry Abuse and Neglect check on him or herself.

*Central Registry requests from an out-of-state protective service agency to assist an open investigation or other case open action must be faxed on your state agency's letterhead to Statewide Intake: 800-647-7410 or 512-339-5900.*

**Directions:** The subject of the background check must read and complete Sections 1-5, then notarize and email, fax, or mail this form using the contact information below. Please type or print clearly in ink. **Incomplete or illegible forms will not be processed.**

Mail: DFPS Background Checks M/C 4111, PO Box 149030, Austin, TX 78714-9030

Email: [TXAbuseNeglectBGC@dfps.texas.gov](mailto:TXAbuseNeglectBGC@dfps.texas.gov)

Fax: 512-339-5829

If you have questions, email: [TXAbuseNeglectBGC@dfps.texas.gov](mailto:TXAbuseNeglectBGC@dfps.texas.gov)

## SECTION 1: CENTRAL REGISTRY INFORMATION

As required by Texas Family Code §261.002, DFPS maintains a central registry of the names of persons found by DFPS to have abused or neglected a child. The DFPS Central Registry includes information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) in-home and provider investigations of child abuse and neglect that resulted in a disposition of "reason to believe" for CPS and CCL cases or "confirmed and validated" for APS cases. (Findings of abuse, neglect, or exploitation of an adult victim are not included in the Central Registry.)

You will not clear the Central Registry check if you:

- Have the role of designated perpetrator or sustained perpetrator in an investigation included in the registry; or
- Are involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. (A new Central Registry check may be requested at the conclusion of the investigation to determine if you were designated as a perpetrator of child abuse or neglect.)

## SECTION 2: PURPOSE OF CENTRAL REGISTRY CHECK

Please select the reason you are requesting the background check:

- Placement of a child:
  - Foster Care/Foster Parenting (i.e. [Adam Walsh Child Protection Act](#))
  - Kinship
  - Adoption
  - Other:
- Child Care/Day Care/Head Start Employment (in compliance with [Child Care and Development Block Grant \(CCDBG\) Act of 2014](#)) and not regulated by Child Care Licensing.
- Employment/Volunteer: Name of employer/agency: **Grayson County Department of Juvenile Services**
- Other: Specify the reason for the central registry request:
- Employment/Volunteer: Name of employer/agency:
- Child Custody or Adoption Evaluation (see section 7 for definition) (This option is not applicable to any public child welfare/child protection agency requests)



**SECTION 3: SUBJECT OF THE BACKGROUND CHECK**

<b>First Name:</b>	<b>Middle Name (no initials):</b>	<b>Last Name:</b>
	<input type="checkbox"/> No Middle Name	

List any other name combinations you use or have used in the past, including married and maiden names below. If you do not provide every name, you may receive inaccurate results.

**Other First Names:**

**Other Middle Names:**

**Other Last Names:**

The person does not have any other name combinations

<b>Current Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>County:</b>
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<b>Telephone Number:</b>	<b>DL:</b>	<b>State:</b>
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<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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List any other city in Texas where you have lived (attach separate page as needed).



**SECTION 4: RELEASE OF RESULTS**

As the subject of the request, you have the right to receive the results of this check and to share them with any third party. If this section is blank, DFPS will assume you do not want a copy of the results. If you would like a copy of the results sent to you, please select the appropriate box.

- Email (preferred method):
- Mail (results will be sent to the mailing address listed in section 3).

**SECTION 5: DESIGNEE**

**If the check results are clear,** you, as the subject of the background check request, can list another person in the space below to whom DFPS will send the cleared results.

**Exception for employment or volunteering:** For request purposes related to employment or volunteering, DFPS **cannot** release the results to any person other than you. Do not list a designee below if your request is for employment or volunteering purposes. If your request is for employment or volunteering purposes, be sure you indicated how you want your results sent to you in the box above.

However, **if the check results in a match,** DFPS will **only** send the results directly to the subject of the request.

**Exception for a child custody or adoption evaluation:** If the only exception would be if the request is submitted for a court ordered child custody or adoption evaluation as defined by the Texas Family Code (see Section 7 for complete detail). The court ordered evaluator must enter his or her information below to receive the results.

**Exception for Adam Walsh and CCDBG requests:** A designee that is a representative of another state agency required to comply with the federal law of the Adam Walsh or CCDBG may receive a copy of the results if a copy of the designee's state employment ID is included with the request.

Agency/Organization Name: Grayson County Department of Juvenile Services	Contact Name: Bradley Davis	Title: Staff / Volunteer
Email Address: davisb@co.grayson.tx.us	Telephone Number: (903)-786-6326 Ext. 3242	



**SECTION 6: SIGNATURES**

**This section of the form must be signed by the subject of the background check and not the designee. This form must be signed in the presence of the Notary Public.**

I am the person listed above in Section 3 of this form. The information in this document is correct. I understand that providing false information is a violation of Texas Penal Code §37.10.

If applicable, I grant permission for the results of my cleared Child Abuse/Neglect Central Registry check to be transmitted to the designee I listed in Section 5.

I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.

<b>Subject:</b> <b>X</b>	<b>Date Signed:</b>
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**Print Name:**

**SUBSCRIBED AND SWORN TO** before me this                    day of                    .

[Notary stamp or seal]

**Notary Public**

**SECTION 7: CHILD CUSTODY OR ADOPTION EVALUATORS**

If you are a child custody or adoption evaluator as defined in [Texas Family Code §§107.101 or 107.151](#), you may submit this form without the subject's signature and notarization **if** you include a copy of the court order. The evaluator's information must be entered in the designee section under section 5 of this form. Case workers, case managers, or other staff working with DFPS, and out of state public child welfare, child protection, or child placing agencies are **not** considered child custody or adoption evaluators for purposes of this form.

DFPS may require child custody or adoption evaluators who meet certain requirements under Texas law to provide valid picture identification and the court order identifying the evaluator as the authenticated designee before DFPS will release results.

**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).



## CRIMINAL OR ABUSE / NEGLECT HISTORY FOR APPLICANTS, EMPLOYEES, OR VOLUNTEERS OF DFPS CONTRACTORS AND SUBCONTRACTORS

**Purpose:** Use this form to disclose the criminal and abuse or neglect history for each contractor's employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who will have access to personal DFPS client information.

**Directions:** To complete this form, fill in the fields with the required information. Attach additional pages if necessary. If the contractor submits the background check request directly through ABCS, the contractor must maintain the original document in the personnel record along with the results. If the contractor submits this form to the DFPS contract manager for submission through ABCS, the contractor must maintain a copy of this form in the personnel record along with the results.

### REQUIRED INFORMATION

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you have pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.

- Yes  
 No

If yes, give details including the date, location, and nature of the offense as well as the disposition for each incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?

- Yes  
 No

If yes, give details including the date, location, and nature of the offense for each incident.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, a person who is elderly, or a person with disabilities?

- Yes  
 No

If yes, give details including the date, location, and nature of the situation as well as the disposition (if applicable) for each allegation.



**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our privacy policy online at:  
[www.dfps.texas.gov/policies/Website/](https://www.dfps.texas.gov/policies/Website/)

**SIGNATURE**

I declare that the information provided on this form is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor within 10 days if I am named in complaints, indictments, or convictions of offenses as described in items 1 and 2 above, or if I am investigated as described in item 3 of this form. The contractor must then notify the contract manager of this information.

I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.

I consent to DFPS's disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.

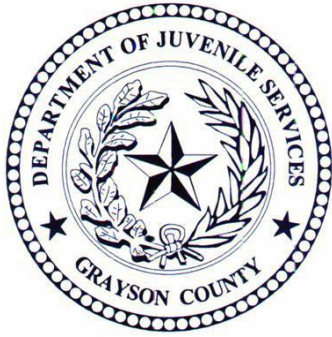
Printed Name of Person Completing Form:

Signature of Person Completing Form:

Date Signed:

Contractor's Name:

Agency Account ID #:



# Grayson County Department of Juvenile Services

86 Dyess · Denison, Texas 75020

Phone (903) 786-6326 · Fax (903) 786-9401

## Authorization Form for Criminal Background Check

As a prospective employee of the Grayson County Department of Juvenile Services, I understand that the department will obtain criminal history information and/or check references as part of their screening process using the information provided below. Applications with criminal convictions will not automatically disqualify a potential applicant from moving forward in the hiring process. I understand that certain criminal history has the potential to disqualify any applicants from obtaining a position of employment with the Grayson County Department of Juvenile Services.

### Please Print Clearly

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ DL# and State: \_\_\_\_\_

SSN# \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

### FOR DEPARTMENT OF GRAYSON COUNTY JUVENILE SERVICES USE ONLY

Date Checked: \_\_\_\_\_

Disqualifying Information:  YES  NO

Checked By: \_\_\_\_\_