



**BACKGROUND CHECK FORM (Part B)**  
**Child Abuse/Neglect Central Registry Check**  
**Harris County Juvenile Probation Department**

*Legal Services and Public Affairs*  
*1200 Congress*  
*Houston, Texas 77002*

I authorize the Harris County Juvenile Probation Department (HCJPD) to submit a request for a Texas Department of Family and Protective Services (DFPS) Central Registry Abuse and Neglect check on me as required by the Prison Rape Elimination Act (PREA) standards and HCJPD Policies relating to enlisting the services of any volunteer, intern, or service provider who may have contact with residents in juvenile facilities.

I understand DFPS maintains a central registry of reported cases of child abuse and neglect, which includes, information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility 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.

**I understand that I will not clear the Central Registry check if:**

- I have the role of designated perpetrator or sustained perpetrator in an investigation included in the registry; or
- I am involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS.

As the subject of the request, I have the right to receive the results of the check and to share them with any third party. I further understand if the check results in a match as described above, DFPS will only send the results directly to me via mail or email.

**Please complete each field below, ALL INFORMATION IS REQUIRED to process the requested Central Registry Check; missing information may result in a delay of the request.**

FIRST NAME	MIDDLE NAME	LAST NAME

**Other names or spellings used (married, maiden, alias etc.) – First, Middle, Last (continue on back as need)**

CURRENT ADDRESS	CITY	COUNTY	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	PRIMARY DAYTIME TELEPHONE #
		<input type="checkbox"/> Female <input type="checkbox"/> Male	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business/Work

ETHNICITY	RACE
<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unable to Determine <input type="checkbox"/> White

**List all known physical addresses for the past 10 years (continue on back if needed)**

**VENDOR/VOLUNTEER ACKNOWLEDGEMENT**

I certify that there are no willful misrepresentations, omissions, or falsifications in the aforesaid statements and answers. I am aware that should any investigation disclose any misrepresentations, omissions, or falsifications, my request to provide services may be denied or if already providing services, may be terminated.

PRINTED NAME	EMAIL ADDRESS

SIGNATURE	DATE

***Applicant must provide handwritten signature, no electronic signatures will be accepted***