

Child Care Regulation
Request for Background Check

Use this form to request background checks required by 26 Texas Administrative Code (TAC) [Chapter 745 Subchapter F](#). You can also submit background check requests through your [Child Care Regulation Account](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

Operation Type:	Submit Background Check Requests:
<ul style="list-style-type: none"> • Licensed child care center • School-age program • Before- or after-school program • Licensed child care home • Registered home • Employer- based child care operation • Shelter operation • Residential care provider 	<p>through your online Child Care Regulation Account.</p> <p>Exception: use this form and submit it to CBCU if the person for whom you are submitting the background check does not have any of the following types of identification:</p> <ul style="list-style-type: none"> • Social Security number; • driver's license number; • state-issued identification number; • Canadian social insurance number; • military identification card number; • passport number; or • permanent resident card identification number. <p>Note: If you submit this form and the background check subject does not meet the exception above, CBCU staff will advise you to submit the background check through your online Child Care Regulation Account.</p>
Listed family home	<ul style="list-style-type: none"> • through your online Child Care Regulation Account; or • submit this form to CBCU.

Submit this form to CBCU by:

- emailing to contactcbcu@hhs.texas.gov;
- faxing to 512-339-5871; or
- mailing to:

Texas Health and Human Services Commission
Centralized Background Check Unit
Mail Code 121-7
P.O. Box 149030
Austin, TX 78714-9030

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

Operation Information

Operation Name	Operation No.	Operation Area Code and Phone No.
Operation Address (<i>Street, City, State, ZIP Code</i>)		
Operation Mailing Address (<i>Street, City, State, ZIP Code</i>)		County

Verification Signatures

I verified (by reviewing the person's Social Security card or driver 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 HHSC 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 within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner or Operator

Signature of Director, Owner or Operator

Date Signed

Individual's Identifying Information

<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Fingerprint Check Required <input type="checkbox"/> 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	
Address (Street, City, State, ZIP Code)					
County		Area Code and Phone No.		Date of Birth	
				Gender: <input type="radio"/> Male <input type="radio"/> 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 (<i>must accompany race</i>):		Race		Social Security No.	
<input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic		<input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native			
Photo ID Type:					
<input type="checkbox"/> Driver License No.: _____ State: _____ <input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Permanent Resident Card: _____					
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:					
<input type="radio"/> Email: _____ <input type="radio"/> Area Code and Phone No.: _____					
Please enter the person's email address. Do not enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.					
Role at Operation:					
<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Contracted Service Provider <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Foster/Adoptive Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Frequent/Regular Visitor <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Owner/Permit Holder <input type="checkbox"/> Staff/Employee <input type="checkbox"/> Unverified Respite Provider <input type="checkbox"/> Volunteer					
Job Duties/Title:					
For Foster or Adoptive Homes Only:					
Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):					
<input type="radio"/> Relative <input type="radio"/> Fictive Kin <input type="radio"/> Unrelated					
Will this person be supervised by a caregiver who is counted in the child-caregiver ratio? <input type="radio"/> Yes <input type="radio"/> No					
(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)					
What age(s) of children will this person be caring for?					
<input type="radio"/> 0 – 17 months <input type="radio"/> 18 months – 2 years <input type="radio"/> 3 years – 4 years <input type="radio"/> 5 years – 13 years <input type="radio"/> 14 years – 17 years <input type="radio"/> Over 17 years <input type="radio"/> N/A					