

**PERMISSION TO ALLOW CAC PROGRAM TO REQUEST
CHILD ABUSE/NEGLECT
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

Purpose

The purpose of this form is to grant authorized representatives of Children's Advocacy Center (CAC) programs permission to request a Central Registry of Child Abuse and Neglect check from the Texas Department of Family and Protective Services (DFPS) as well as a criminal history check from the Texas Department of Public Safety (DPS) on the behalf of potential and current CAC volunteers, employees and board members.

Central Registry check

As required by the Texas Family Code 261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry consists only of information gathered during Child Protective Services, Child Care Licensing, and Adult Protective Services facility investigations of child abuse and neglect: 1) in open cases where the person has a role of alleged perpetrator, and 2) in cases which were given a disposition of "reason to believe", and the person had a role of designated perpetrator or sustained perpetrator (**Please Note:** Cases involving adult victims are not included in the DFPS Central Registry.).

Criminal History check

The criminal history check from DPS will include all Texas based arrests and dispositions, including both convictions and cases with unknown dispositions. In some cases the search will produce juvenile criminal history results.

Unknown disposition information found may not be the most up to date information available. If the results returned from DPS include an unknown disposition contact the court of jurisdiction and request an official certified copy of the disposition. The official certified copy and an Error Resolution Form ([Error Resolution Form](#)) should be sent to DPS at P.O. Box 4143, Austin, TX 78765.

If you dispute the criminal history returned from DPS you will need to request a personal request of review by DPS and submit fingerprints. To schedule a fingerprint appointment you will need to contact MorphoTrust enrollment services ([L-1 Enrollment](#)) at (888) 467-2080. You will need to take the TXIREVIEW FAST Pass ([TXIREVIEW FAST Pass](#)) with you on the date of your scheduled fingerprint appointment.

If you have any issues with scheduling a fingerprint appointment, please contact CBCU at (800) 645-7549.

Process

A signed copy of this form will be submitted to DFPS on your behalf. Providing false information on the form or any updated information requested for future submissions to DFPS is a violation of Texas Penal Code Section 37.10. The information on this form will be used to conduct the DFPS Central Registry and criminal history checks.

Results

As the subject of the request, you have the right to review the results of this check. If Central Registry history is found that identifies you as a person who has been found to have abused or neglected a child, DFPS will only send the results directly to you via mail or e-mail. You have the option to share these findings with the CAC representative who submitted the request on your behalf. If you want to continue to be considered as a potential volunteer, employee, or board member with CAC you will be required to disclose the findings.

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REQUIRED IDENTIFYING INFORMATION ON SUBJECT OF REQUEST - The requester must provide all of this information in order for a check to be made:

First Name		Middle Name	Last Name		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
E-mail Address (optional)					
Current Residence Street Address			City	County	State Zip Code
Residence Telephone No. (A/C)	Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN	
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black		<input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine		Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine	
List all addresses you have resided in Texas :					

I am the person listed above. The information in this document is correct and I am a prospective or current volunteer, employee or board member of a Children’s Advocacy Center (CAC) program. I agree to update the CAC program of any changes to the information above.

I grant permission to the CAC program to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check **as well as any subsequent checks so long as I am active with the CAC program.**

I authorize DFPS to transmit the results of this background check via e-mail and I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.

I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.

Signature: _____

Date of Consent: _____

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FAX or E-MAIL this form to:
cactxbgcrequest@dfps.state.tx.us
Fax Number: (512) 339-5871
ATTN: CBCU Non-Licensing Unit

Send results of requested check to: (FOR CAC PROGRAM USE ONLY)

CAC Program: Children’s Advocacy Center of Hidalgo County, Inc “Estrella’s House”

Physical Address of Program: 525 W. Wisconsin Rd
Edinburg, TX 78596

*Required

E-mail Address of Executive Director/Authorized Representative: hr@cachidalgo.org

I am authorized on behalf of the Children’s Advocacy Center (CAC) program listed above to make this request. I have attached the proper form signed by the subject of this request granting permission to make this request.

I understand that the subject of this request is entitled to have the results provided to him or her and may not have exhausted all opportunities to contest findings in the Central Registry and may have the right to challenge any such findings.

I certify that the subject of this request is a prospective or current volunteer, employee or board member of the CAC program.

CAC Program Executive Director/Authorized Representative: _____

Signature: _____

Date: _____

Note: CBCU will provide all results to CAC within 30 days of receiving a completed request form. If you have not received a response from the CBCU after 30 days of submitting the request, please send an email to cactxbgcrequest@dfps.state.tx.us to check the status of the background check request.

There may situations when only the results of the DPS criminal history check are sent to the CAC program. In these situations please contact the subject of the request for the results of the FPS Central Registry check. If the subject of the request states he/she has not received the results of the FPS Central Registry request, please have him/her contact the CBCU via email at cactxbgcrequest@dfps.state.tx.us for the results.

****Notice:** This document (1601) must remain on file and will be required for subsequent background check requests.