



REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY

CHIEF OPERATING OFFICER – CENTRALIZED BACKGROUND CHECK UNIT

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 out of state protective service agencies needed to assist an investigation or other case action must be faxed on your state agency's letterhead to SWI: 800-647-7410 or 512-339-5900.

Directions: The Requestor/Subject of the background check must read and complete Sections 1-6 (Section 5 should only be completed if applicable), then notarize and submit this form using the instructions below. If you have questions, email: TXAbuseNeglectBGC@dfps.state.tx.us or call the CBCU Support Line at (800) 645-7549. Typically, DFPS provides the background check results within 30 days of receipt.

Instructions: Complete, notarize and submit this form to (email, fax or mail below):

Email: TXAbuseNeglectBGC@dfps.state.tx.us
FAX: 512-339-5829

Mail: CBCU TX Abuse Neglect BGC, M/C 121-7
PO Box 149030, Austin, TX 78714-9030

SECTION 1: CENTRAL REGISTRY INFORMATION

As required by Texas Family Code §261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry 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. (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.

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 the check results in a match as described above, DFPS will only send the results directly to you via mail or email unless you identify a designee who is a Social Study Evaluator or representative with the Office of Refugee Resettlement (ORR), as provided in Section 4.

SECTION 2: REQUESTOR/SUBJECT OF THE BACKGROUND CHECK:

The information in this section must be provided by the requestor/subject of the background check in order for the check to be completed. Missing information may result in a delay of your request being processed.

First Name		Middle Name		Last Name	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Current Address			City	County	State Zip Code
Social Security Number (required):	Date of Birth (required):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Telephone number:	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <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			

List any other additional addresses or cities in Texas that you have resided (continue on back as needed)

If you would like a copy of these results sent to you, please select the appropriate box.

- Email (preferred method): _____
- Mail (results will be sent to the mailing address listed above)

SECTION 3: SIGNATURES

This section of the form must be signed by the requestor/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 2 of this form. The information in this document is correct.
- If applicable, I grant permission for the results of my Child Abuse/Neglect Central Registry check to be transmitted to the designee I listed in Section 5.
- I authorize DFPS to transmit the results of this background check via email, 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.
- I acknowledge that my designee can receive my background check results only as described in Section 1 and 4 of this form.

Requestor:
X

Date Signed:

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

[Notary stamp or seal]

Notary Public

SECTION 4: PURPOSE OF CENTRAL REGISTRY REQUEST

1. Individual currently seeking Central Registry clearance for the placement of a child.
 Check here if you are a Social Study Evaluator identified in [Texas Family Code § 107.05145](#). Social Study Evaluators who meet certain requirements under Texas law may be required to provide valid picture identification and the court order identifying the evaluator as the authenticated designee before DFPS will release results.
 Check here if your request is to support the placement of an unaccompanied minor currently in ORR's care with a sponsor, and ensure waiver form is attached with 2970 form for each person requiring the background check.
2. Employment/Volunteer: please provide name of organization and why the background check is being requested _____

For purpose #1 only, requestors can list a designee to whom DFPS will send the results. (See section 5)

For purpose #2, DFPS **cannot** release the results to any person other than the subject of the background check.

SECTION 5: DESIGNEE THIS SECTION ONLY APPLIES TO PURPOSE #1 ABOVE

SEND RESULTS OF REQUESTED CHECKS TO DESIGNEE:

Full Name Guardian House	Email Address swhite@guardianhouse.org	Phone Number 210-733-3349
Address 1818 San Pedro	City San Antonio	County Bexar
	State Texas	Zip Code 78212

Please indicate below the agency or entity the designee represents:

SECTION 6: PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [privacy policy](#).