

DFPS Background Check: Information Collection Form for CASA Employees / Volunteers

First Name		Middle Name	Last Name	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last				
Residence Street Address				
City		County	State	Zip Code
Residence Telephone Number		Alternate Telephone Number		
Date of Birth		Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female	SSN	
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Unable to Determine (or, none of the above)			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine	
List other places you have resided (for a minimum of the past 5 years)				
Eligible for Case Connection: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Email Address of the Subject of the Background Check:				

I am the person listed above and the information I provided is true and correct. I grant permission to the CASA program to request a Texas Abuse and Neglect background check through the Texas Department of Family and Protective Services on my behalf.

Signature: _____ Date of Consent: _____

DFPS Security Agreement for CASA Employees / Volunteers

This agreement is for individuals who are not employees of the Texas Department of Family and Protective Services (DFPS), but who will be provided confidential information as part of a project, contract, or agreement between DFPS and the organization the individual represents.

I understand and acknowledge that information made available to me by the Department of Family and Protective Services contains data that is considered confidential under law. I will use this information with discretion in performing my duties and responsibilities as a CASA Staff or volunteer and will disclose this information to other individuals only to the extent that it is specifically authorized under the contract or agreement in place between my organization and DFPS. If at any time a question or problem arises with regard to the release of information, I will not release the information until I am so authorized. Under no circumstances will I access or release confidential information for any purpose other than in the performance of my duties and responsibilities as a CASA staff or volunteer as they relate to the contract or agreement with DFPS. I understand that if I use this information in an unauthorized manner, I may be subject to prosecution under one or more applicable statutes and will no longer be allowed access to the information provided to my organization.

If I am eligible for access to Case Connection, I acknowledge that I have read and understand the DFPS Security Requirements provided to me as part of this security agreement.

Attached please find: DFPS Requirements and Guidelines for CASA organizations.

Signature

Date

Acknowledgement Form & Release for All Background Checks

I hereby authorize CASA Child Advocate of Montgomery County to investigate my background as part of the screening process to determine my fitness/appropriateness as a potential staff member. I authorize Child Advocates of Montgomery County to secure the following record checks: Social Security Number verification, criminal records from the court jurisdiction in which I currently reside and work; state criminal records; FBI or other national criminal database; National Sex Offender Registry and Child Abuse Registry, or Child Protective Services check where permissible by law. I understand that all the information will be held in strict confidence and used only for the purpose of determining my suitability to serve on the CASA Child Advocates of Montgomery staff or Board of Directors. I understand that Child Advocates of Montgomery County reserves the right to deny a position on the staff or a seat on the Board to anyone who refuses to sign a release of information form or submit the required information or fingerprints for any of the checks required.

Name (Please Print

Signature

Date



IdentoGO[®]

By MorphoTrust USA

CASA - Montgomery County Inc (NCPA)

Texas Fingerprint Service Code Form

Service Name: CASA - Montgomery County Inc (NCPA)

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11F26K

When prompted, please provide or enter the following Agency Number

21564

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080

When you go to the website

<https://uenroll.identogo.com> the steps are:

1. First screen that comes up asks you to enter your Service Code, which is 11F26K – then click on **GO**.
2. Next click on **Schedule Appointment**.
3. Choose **NCPA** option.
4. Our Organization ID# is **21564**.
5. Finally, you choose a location and time available (don't be surprised if you have to schedule a time up to two weeks or more away).

It will refer to ISD because we are part of the same system.