



Consent for Criminal History / CANRIS Check

To be completed by any individual **over the age of 14** (i.e. biological children, grandparents, respite workers, volunteers) who will have contact with the children on a frequent basis.

Full Name: _____
(First Middle Last Maiden)

List all other names used: _____

Date of Birth _____ **SSN:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **County:** _____

Phone Number: _____ **Sex: Male Female**

Email Address: _____

Texas Driver's License No: _____

List all cities in Texas in which you have resided:

List all out-of-state residences lived in within the last 5 years (must include cities):

Ethnicity/ Race: _____

If you are applying to provide respite, what Houston Strong Children Services employee referred you?

I hereby give my permission for Houston Strong Children Services to use the above information to conduct a criminal history/ CANRIS check. All information given is accurate and complete to the best of my knowledge.

Signature of Applicant or Guardian for minor Date

___ Adoption ___ Foster ___ Caregiver ___ Kinship/Relative ___ Household
Member ___ Frequent Visitor ___ Unrelated ___ Staff

*If household member or frequent visitor – please indicate the name of the family you are affiliated with.