



**BACKGROUND CHECK
RENEWAL FORM**

Thank you for completing your annual Background Check Form! In order for us to properly process your information, please make sure to fill out the form **completely**. Incomplete forms cannot be processed.

PLEASE BE SURE TO INCLUDE YOUR **FULL SOCIAL SECURITY NUMBER** AND **BOTH YOUR RACE AND YOUR ETHNICITY**.

YOUR NAME SHOULD BE ENTERED EXACTLY AS IT APPEARS ON YOUR DRIVERS' LICENSE.

Please submit completed forms to:

Fax: 713-529-1390, Attn: BGC
Email: backgroundchecks@childadvocates.org
Mail: Child Advocates, Inc.
Attn: BGC
2401 Portsmouth St., Suite 210
Houston, TX 77098

**REQUEST FOR UPDATED CHILD ABUSE/NEGLECT
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

CASA Program: Child Advocates, Inc.

Physical Address of Program: 2401 Portsmouth St., Ste. 210

Houston, Texas 77098

Name of Executive Director/Authorized Representative: Christine Moody

*Required

E-mail Address of Executive Director/Authorized Representative: christine.moody@childadvocates.org

We are requesting an updated check on the following individual. A copy of the individual's permission is attached which grants ongoing permission to perform these background checks. I certify that the individual is currently a volunteer, staff person or board member of this organization.

Christine Moody

Executive Director/Authorized Representative

Date: 2/14/13

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

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)					
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 since the previous background check:					

****Notice: Page 2 of the original permission document (#2970a) must be attached and submitted with this form in order for this subsequent request to be processed.**