



Request for Child Abuse/Neglect Central Registry Check

Purpose: Use this form to grant authorized representatives of Superior Health Plan permission to request a Department of Family and Protective Services (DFPS) Central Registry check on your behalf.

Directions: Complete each section of the form. Do not leave any section blank. Write "not applicable" or "N/A" if a section does not apply to you. **Incomplete or illegible forms will not be accepted.** Send the completed and signed form to Credentialing@superiorhealthplan.com. A copy of this form will be submitted to DFPS on your behalf.

If you have questions about this form, email shpbgc@dfps.state.tx.us.

INDIVIDUAL'S IDENTIFYING INFORMATION

First Name	Middle Name <input type="checkbox"/> No Middle Name	Last Name	
Other names or spellings used (married, maiden, alias, etc.) (continue on a separate page as needed) First: Middle: Last:			
Current Mailing Address		City	State Zip Code
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Telephone Number
Email Address			
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/Pacific Islander		
List any other addresses or cities in Texas where you have resided (continue on a separate page as needed):			

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

CENTRAL REGISTRY INFORMATION

As required by Texas Family Code § 261.002, DFPS maintains a central registry of the names of persons found by DFPS to have abused or neglected a child. The DFPS Central Registry consists of only information gathered during child abuse and neglect investigations:

- conducted by Child Protective Services, Child Care Licensing, and Adult Protective Services Provider Investigations; and
- resulting in a disposition of "reason to believe" and a designated perpetrator or sustained perpetrator.

Please Note: Cases involving adult victims are not included in the DFPS Central Registry.

In addition, the person will not clear the Central Registry check if the person is an alleged perpetrator in an open DFPS child abuse or neglect investigation. A new Central Registry check may be requested at the conclusion of the investigation to determine if the person has been listed as a designated perpetrator on the Central Registry.



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 designated perpetrator who was determined by DFPS to have abused or neglected a child, DFPS will **only** send the results directly to you via mail or email. You have the option to share these findings with the Superior Health Plan representative who submitted the request on your behalf. As the subject of the request, you may have the right to contest/challenge the findings if you have not previously exhausted all opportunities. If Central Registry history is found that identifies you as a sustained perpetrator, DFPS will provide the results to you as well as to Superior Health Plan.

The following types of Central Registry history will bar you from working with DFPS clients:

- Physical Abuse (PHAB)
- Sexual Abuse (SXAB)
- Labor Trafficking (LBTR)
- Sex Trafficking (SXTR)
- Sexual Exploitation (SXAB) (APS Provider Investigations only)
- Exploitation (EXPL) (APS Provider Investigations only)
- Exploitation for Licensing (EXPC)

The following types of Central Registry history will require DFPS to conduct a review. A determination to either clear or bar you from contact with DFPS clients will be provided to Superior Health Plan:

- Neglectful Supervision (NSUP)
- Abandonment (ABAN)
- Refusal to Accept Parental Responsibility (RAPR)
- Emotional Abuse (EMAB)
- Physical Neglect (PHNG)
- Medical Neglect (MDNG)
- Mental Health Neglect (MHNG) (APS Provider Investigations only)
- Suicidal Threat (SUTH) (APS Provider Investigations only)
- Neglect (NEGL) (APS Provider Investigations only)

SIGNATURES

- I am the person listed above. The information in this document is correct. I understand that providing false information is a violation of Texas Penal Code Section 37.10.
- I grant Superior Health Plan (and its representatives) permission to request a Central Registry check on my behalf.
- I understand that DFPS will send the results of my background check to Superior Health Plan (and its representatives) if Central Registry history identifies me as a sustained perpetrator.
- I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.

Signature X	Date Signed
Printed Name	