



SSCC STAFF BACKGROUND CHECK REQUEST AND RELEASE OF INFORMATION

Purpose: Employees of a single source continuum contractor (SSCC) for Community-Based Care (CBC) who are not employed by DFPS, but who have a business need for direct access to DFPS resources and clients, must complete this form to authorize DFPS to conduct the following types of background checks:

- DFPS abuse and neglect check.
- Texas Department of Public Safety criminal history check.
- Federal Bureau of Investigation (FBI) criminal history check, if applicable.

The SSCC employee’s signature on this form permits DFPS to release to the SSCC the results of the above background checks, as well as the results of any investigation that DFPS conducts or has conducted on the SSCC employee.

Directions:

The SSCC contact completes the following sections:

- *Section 1: SSCC Information.*
- *Section 2: SSCC Verification Signature.*
- *Section 3: Contract Administrator Manager (CAM) Information.*

The subject of the background check (SSCC employee) completes the following sections:

- *Section 4: Subject of the Background Check.*
- *Section 5: Previous Places of Residence.*
- *Section 6: Fingerprint Check.* This section is only completed if any of the questions in Section 1 or Section 5 are answered “Yes”.
- *Section 8: Signature.*

The SSCC contact does the following:

- Makes sure the subject of the background check provided complete and accurate information in Sections 4 and 5, provided a phone number in Section 6 (if applicable), and signed and dated Section 8. The contact verifies the information by viewing official documents provided by the subject of the check, such as a driver license or Social Security card.
- Signs Section 2 after verifying the information.
- Enters the background check for the subject in the Automated Background Check System (ABCS) for the associated account.
- Keeps a copy of this completed form in the employee’s personnel record.
- Gives DFPS a copy of this completed form, when requested.

If the SSCC contact or SSCC employee has questions, either of them may contact DFPS Background Checks at the following:

Email: CBCBGC@dfps.texas.gov

Mail: DFPS Background Checks, Mail Code 121-7, PO Box 149030, Austin, TX 78714-9030

Fax: 512-339-5831

SECTION 1: SSCC INFORMATION

SSCC Name:

SSCC Contact Name:

Phone Number:

Will the subject of this background check have access to IMPACT?

- Yes (If yes, complete Section 6.) No

Will the subject of this background check have access to criminal history information?

- Yes (If yes, complete Section 6.) No



SECTION 2: SSCC VERIFICATION SIGNATURE

I have verified (by reviewing the person’s Social Security card or driver license) that the information on this form contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the SSCC’s contract.

Printed Name of Authorized Representative (SSCC Contact):	Signature of Authorized Representative: X	Date Signed:
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SECTION 3: CONTRACT ADMINISTRATOR MANAGER (CAM) INFORMATION

Name:	Phone Number:
Email address:	

SECTION 4: SUBJECT OF THE BACKGROUND CHECK

Please enter N/A for items that are not applicable.

First Name:	Middle Name: <input type="checkbox"/> No Middle Name	Last Name:
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Other names or spellings used (married, maiden, alias, etc.) – First, Middle, Last:

No Other Names

Home Address (Number and Street):	City:	State:	Zip Code:
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County of Residence:	Date of Birth:	Phone Number:
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Social Security Number (If no SSN, provide ID number from alternate document and name of the document.):	Driver License Number and State:
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Email Address:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander
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SECTION 5: PREVIOUS PLACES OF RESIDENCE

Have you lived outside the state of Texas in the past two years?

Yes (If yes, complete Section 6.) No

List the complete addresses of other places you have lived and the dates (month and year) you lived there. Include information for a minimum of the past two (2) years; continue on the back if needed.

Full Address (include city, state, and zip code):	From (MM/YYYY):	To (MM/YYYY):
Full Address (include city, state, and zip code):	From (MM/YYYY):	To (MM/YYYY):
Full Address (include city, state, and zip code):	From (MM/YYYY):	To (MM/YYYY):
Full Address (include city, state, and zip code):	From (MM/YYYY):	To (MM/YYYY):

SECTION 6: FINGERPRINT CHECK

If either of the questions in Section 1 is answered "Yes" or you have lived outside the state of Texas in the past two years (see Section 5), an FBI fingerprint check is required and you must provide a phone number in this section.

Note: If you have previously completed an FBI fingerprint check for another purpose, DFPS staff will verify whether the results may be utilized for this background check and you will be contacted if the results may not be used.

If you have **not** completed fingerprinting for another purpose, you must contact 512-919-7857 to get the required information to schedule a fingerprinting appointment.

Method of contact for scheduling fingerprint appointment:

Phone Number:

SECTION 7: PRIVACY STATEMENT

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



SECTION 8: SIGNATURE

I am the SSCC employee who is the subject of this background check, and I agree to the following (all checkboxes are required):

- I grant permission to the SSCC listed in Section 1 to request a DFPS abuse and neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) an FBI criminal history check using my identifying information.
- I understand that DFPS conducts background checks annually for non-DFPS staff, and I authorize DFPS to conduct a criminal history check and a DFPS abuse and neglect check each year that I have access to DFPS clients or resources.
- I understand that I have the right to contest the information found in my background checks.
- I agree to inform the SSCC listed in Section 1, within five days, if I am involved in any new arrest by any federal, state, or local agency or board, or any new DFPS abuse or neglect investigation.
- I declare that the information provided on this form is true and correct.
- I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.
- I consent for DFPS to release the results of this background check to the SSCC listed in Section 1, including confidential information obtained from this background check.
- I consent for DFPS to release the results of any new DFPS abuse or neglect investigation in which I am involved to the SSCC listed in Section 1.
- I release DFPS and the State of Texas from any liability for any adverse impact resulting from the release of the background check results to the SSCC listed in Section 1. Further, I waive my due process rights concerning release of this information to the SSCC listed in Section 1, but I do not waive any due process rights concerning the release of this information to any other person or entity.
- I understand that using an electronic signature to sign this form is equivalent to using my handwritten signature and is legally binding. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, refuse to acknowledge the meaning of my electronic signature or claim that an electronic signature that I executed is not legally binding.

Signature:

X

Date Signed: