



KINSHIP RELEASE OF INFORMATION AND ACKNOWLEDGMENT

Purpose: Use this form to request the potential kinship caregiver's permission to release information about his or her background.

Directions: If a kinship caregiver home assessment is requested, the caseworker fills out the Case Information section and then mails the potential kinship caregiver this form. The person conducting the home assessment must bring all necessary forms to the assessment in case the potential kinship caregiver did not receive them. If a caseworker conducts the assessment, he or she makes sure the kinship caregiver completed and signed the form and collects the form for the case file. If a contractor performs the home assessment, he or she ensures the form is completed and signed by the kinship caregiver and returns it to the caseworker with the completed assessment.

CASE INFORMATION

Case Name:

Case ID:



KINSHIP CAREGIVER INFORMATION

Full Name:		Phone Number:
Maiden Name:		
Other Names Used:		
TX Driver's License Number:		
Have you used any other drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, License Number:
Address:		
Date of Birth:	Race:	Sex:
How many years have you lived in Texas? :		
Have you lived in any other states in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where:
IF APPLICABLE, ENTER THE SECOND KINSHIP CAREGIVER'S INFORMATION BELOW.		
Full Name:		Phone Number:
Maiden Name:		
Other Names Used:		
TX Driver's License Number:		
Have you used any other drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, License Number:



Address:		
Date of Birth:	Race:	Sex:
How many years have you lived in Texas?:		
Have you lived in any other states in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where:	

SIGNATURES

Thank you for applying to be a kinship caregiver. As part of the process, you must provide the Texas Department of Family and Protective Services (DFPS) with information about you and your family. DFPS will use this information to decide if children can or should be placed with you. By signing this form you agree that:

- you are freely participating in this process;
- you understand that DFPS, or its designee, will ask personal questions and use your answers to form an opinion about you, your home, and your family;
- you are being honest and open with DFPS or its designee. If you are not honest and open, DFPS will not place any children with you; and
- you approve that the person doing the home assessment can talk with your family and friends about you and your family.

By signing this form, you give DFPS permission to check your criminal history through the Texas Department of Public Safety (DPS). **If you have lived in Texas three years or less, you will also need to get a Federal Bureau of Investigation (FBI) report.** You also give DFPS permission to check its CPS records for child abuse and neglect history. If applicable, DFPS may contact other states where you have lived for child abuse and neglect history.

By signing this form, you give DFPS permission to share information provided by you during the home assessment process with:

- authorized DFPS employees;
- DFPS designees;
- attorneys or guardians ad litem;
- court staff;
- court appointed special advocates (CASAs);
- private child placing agency staff; and
- anyone else authorized or permitted by law to have this information.

DFPS may share:

- background check results;
- health information or status;
- financial information;
- information about family relationships;
- history of personal abuse or neglect;
- your reasons for being a kinship caregiver; and
- other related information.



By signing this form, you are not waiving any rights you may have to hearings, appeals, or any other administrative processes to contest child abuse and neglect findings issued in Texas.

Kinship Caregiver:

X

Date Signed:

Kinship Caregiver:

X

Date Signed: