

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified **(by reviewing the person’s social security card and/or driver license)** that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department 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 of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator Signature of Director, Owner, or Operator Date

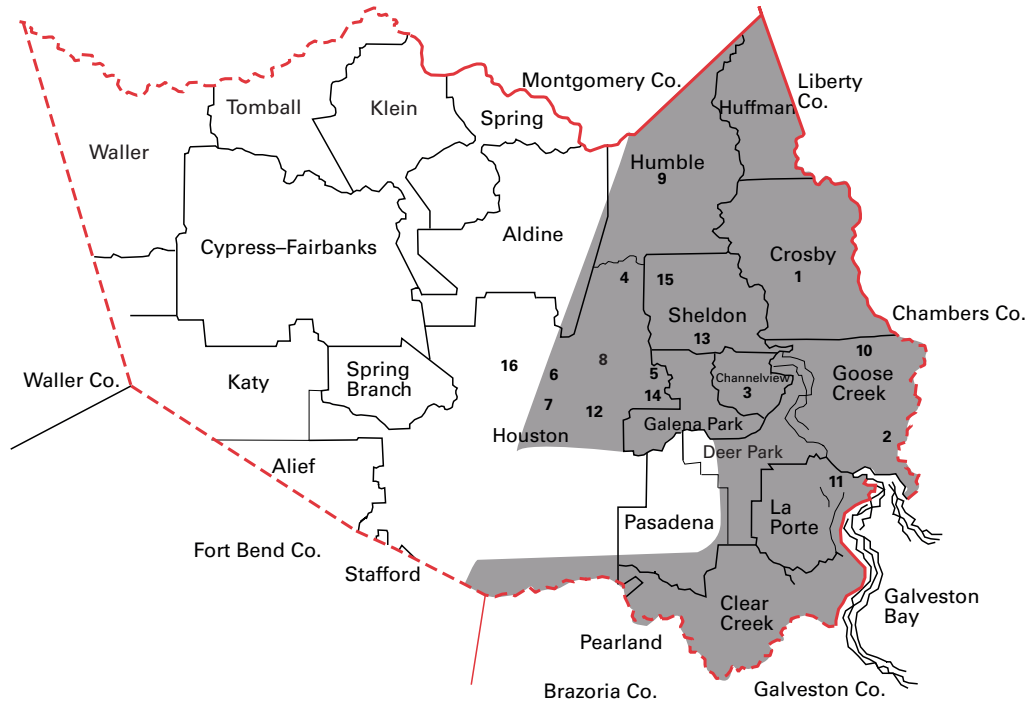
<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:							
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		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			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

DFPS Use Only	Worker Name--Last, first	Mail Code
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Head Start R.E.A.L. SuperMENTors Read Program

School Site Preference

- | |
|---------------------------------------|
| 1. Barrett Station |
| 2. Baytown |
| 3. Channelview |
| 4. Compton |
| 5. Coolwood |
| 6. Dogan |
| 7. Fifth Ward |
| 8. Fonwood |
| 9. Humble |
| 10. JD Walker |
| 11. La Porte |
| 12. Pugh |
| 13. San Jacinto |
| 14. Sheffield |
| 15. Tidwell |
| 16. HCDE Head Start -
Main Offices |



Please select the Head Start center(s) where you would like to be a SuperMENTor volunteer:

- | | | |
|--|--|---|
| <p>1. BARRETT STATION CENTER
808 1/2 Magnolia Ave.
Crosby, Texas 77532
(713) 696-3119 • FAX: (713) 696-3110</p> | <p>7. FIFTH WARD CENTER
4014 Market St.
Houston, Texas 77020
(713) 237-0264 • FAX: (713) 225-5341</p> | <p>13. SAN JACINTO CENTER
5800 Uvalde Rd.
Houston, Texas 77049
(713) 696-1853 • FAX: (281) 459-7647</p> |
| <p>2. BAYTOWN CENTER
1725 Pruett St.
Baytown, Texas 77520
(713) 696-3120 • FAX: (713) 696-3111</p> | <p>8. FONWOOD
10719 Seneca St.
Houston, Texas 77016
(713) 556-6125</p> | <p>14. SHEFFIELD CENTER
14300 Wallisville Rd.
Houston, Texas 77049
(713) 450-3813 • FAX: (713) 450-0829</p> |
| <p>3. CHANNELVIEW
16102 Ridlon
Channelview, Texas 77530
(713) 696-1852 • FAX: (281) 452-4707</p> | <p>9. HUMBLE CENTER
5331 FM 1960 East, Suite M
Humble, Texas 77346
(713) 696-3121 • FAX: (713) 696-3112</p> | <p>15. TIDWELL CENTER
12410 Tidwell Rd.
Houston, Texas 77044
(713) 696-3124 • FAX: (713) 696-3115</p> |
| <p>4. COMPTON CENTER
9720 Spaulding St.
Houston, Texas 77016
(713) 635-4142 • FAX: (713) 631-8598</p> | <p>10. J.D. WALKER CENTER
7613A Wade Rd.
Baytown, Texas 77521
(713) 696-3122 • FAX: (713) 696-3113</p> | <p>16. HCDE HEAD START - MAIN OFFICES
6300 Irvington Blvd.
Houston, Texas 77022
(713) 672-9343 • FAX: (713) 672-9363</p> |
| <p>5. COOLWOOD CENTER
767 Coolwood Dr.
Houston, Texas 77013
(713) 451-9024 • FAX: (713) 451-8356</p> | <p>11. LA PORTE CENTER
927 S. 1st St.
La Porte, Texas 77571
(713) 696-3123 • FAX: (713) 696-3114</p> | |
| <p>6. DOGAN CENTER
4202 Liberty Rd.
Houston, Texas 77026
(713) 672-0207 • FAX: (713) 672-7838</p> | <p>12. PUGH CENTER
1042 Henke St.
Houston, Texas 77020
(713) 675-6222 • FAX: (713) 675-6226</p> | |

**Submit application to
SuperMENTors@hcde-texas.org**