

**DFPS Background Check: Information Collection Form for CASA Employees/Volunteers**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Maiden Name</b>	<b>Alternate First Name</b>	<b>Alternate Last Name</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Gender</b> Male      Female
<b>Ethnicity (check only one)</b> Hispanic Not Hispanic Unable to Determine	<b>Race (check all applicable)</b> Unable to Determine      Asian Am.Indian/AK Native      Nat Hawaii/Pac Island White      Unable to Determine(or none of the above) Black	
<b>Current Street Address (physical address please, no P.O Boxes)</b>		
<b>Current City</b>		
<b>Current County</b>		
<b>Current State</b>		
<b>Previous Addresses if at current address less than 5 years</b>		
<b>Primary Phone Type:</b>	<b>Primary Phone Number:</b>	
<b>Alternate Phone Type:</b>	<b>Alternate Phone Number:</b>	
<b>Eligible for Case Connection:</b> Yes    No		
<b>Email Address</b>		

I am the person listed above and the information I provided is true and correct. I grant permission to the CASA Program to request a Texas Abuse and Neglect background check through the Texas Department of Family and Protective Services on my behalf.

**Signature:****Date of Consent:****DFPS Security Agreement for CASA Employees/Volunteers**

*This agreement is for individuals who are not employees of the Texas Department of Family and Protective Services (DFPS), but who will be provided confidential information as part of a project, contract or agreement between DFPS and the organization the individual represents.*

I understand and acknowledge that information made available to me by the Department of Family and Protective Services contains data that is considered confidential under law. I will use this information with discretion in performing my duties and responsibilities as a CASA Staff or volunteer and will disclose this information to other individuals only to the extent that is specifically authorized under the contract or agreement in place between my organization and DFPS. If at any time a question or problem arises with regard to the release of information, I will not release the information until I am so authorized. Under no circumstances will I access or release confidential information for any purpose other than in the performance of my duties and responsibilities as a CASA staff or volunteer as they relate to the contract or agreement with DFPS. I understand that if I use this information in an unauthorized manner, I may be subject to prosecution under one or more applicable statutes and will no longer be allowed access to the information provided to my organization.

If I am eligible for access to Case Connection, I acknowledge that I have read and understand the DFPS Security Requirement provided to me as part of this security agreement.

**Signature:****Date:**