

## Consent for Criminal History / CANRIS Check

To be completed by any individual **over the age of 14** (i.e. biological children, grandparents, respite workers, volunteers) who will have contact with the children on a frequent basis.

**Full Name:** \_\_\_\_\_  
**First Middle Last Maiden**

**List all other names used:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Sex:** **Male** **Female**

**Email Address:** \_\_\_\_\_

**Texas Driver's License No:** \_\_\_\_\_

**List all cities in Texas in which you have resided:** \_\_\_\_\_

**Ethnicity/ Race:** \_\_\_\_\_

**If you are applying to provide respite, what Houston Strong Children Services employee referred you?**

*I hereby give my permission for Houston Strong Children Services to use the above information to conduct a criminal history/ CANRIS check. All information given is accurate and complete to the best of my knowledge.*

\_\_\_\_\_  
**Signature of Applicant or Guardian for minor**

\_\_\_\_\_  
**Date**

\_\_\_\_ **Adoption** \_\_\_\_ **Foster** \_\_\_\_ **Caregiver**

\_\_\_\_ **Kinship/Relative**

\_\_\_\_ **Household Member** \_\_\_\_ **Frequent Visitor**

\_\_\_\_ **Unrelated** \_\_\_\_ **Staff**

**If household member or frequent visitor – please indicate the name of the family you are affiliated with:**

Houston Strong Children Services  
P.O. Box 6747; Katy, Texas 77449  
Office: 713-443-5993