

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**

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 Monarch Family Services Family referred you?

I hereby give my permission for Monarch Family 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