

## 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:** \_\_\_\_\_

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**List all other cities and states in which you have resided within (5) years:**

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**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
____ Adoption    ____ Foster    ____ Caregiver	____ Kinship/Relative
____ Household Member    ____ Frequent Visitor	____ Unrelated    ____ Staff
<b>If household member, babysitter or frequent visitor – please indicate the name of the family you are affiliated with:</b>	