

**Criminal History Check**

Agency Name	Current License No.
Physical Address (Street Name, City, State, ZIP Code)	Area Code and Telephone No.

**Print and Complete All Applicable Information Accurately**

<b>Owner Name</b> (Last, First, Middle)		Administrator <input type="checkbox"/> Yes <input type="checkbox"/> No	Chief Financial Officer <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Names Used (Include married or maiden names, aliases, etc. — use addendum for additional aliases)			
Date of Birth (mm/dd/yyyy)	Race/Ethnicity	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.

<b>Administrator Name</b> (Last, First, Middle)		Chief Financial Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Names Used (Include married or maiden names, aliases, etc. — use addendum for additional aliases)			
Date of Birth (mm/dd/yyyy)	Race/Ethnicity	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.

<b>Alternate Administrator Name</b> (Last, First, Middle)			
Other Names Used (Include married or maiden names, aliases, etc. — use addendum for additional aliases)			
Date of Birth (mm/dd/yyyy)	Race/Ethnicity	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.

<b>Chief Financial Officer Name</b> (Last, First, Middle)			
Other Names Used (Include married or maiden names, aliases, etc. — use addendum for additional aliases)			
Date of Birth (mm/dd/yyyy)	Race/Ethnicity	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.

I certify that the above information submitted contains no willful misrepresentation and is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Information submitted on this form is used exclusively for the purpose of meeting licensure eligibility criteria as mandated by the Texas Health and Safety Code, Chapter 142, Home and Community Support Services, §142.004-License Application.

**Submit this form with the initial, renewal and CHOW applications, as well as with management changes by mail or fax to:**

Texas Department of Aging and Disability Services  
Regulatory Services – Agency Licensing  
Mail Code E-342  
P.O. Box 149030  
Austin, TX 78714-9030  
Telephone 512-438-2630 Fax 512-438-2731

**If information obtained from the Texas Department of Public Safety (DPS) is incorrect, you must contact:**

Texas Department of Public Safety  
Crime Records Service  
P.O. Box 4143  
Austin, TX 78765-4143

With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect. (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact Regulatory Services – Agency Licensing at 512-438-2630.

**Home and Community Support Services Agencies Licensure  
Criminal History Check – Addendum**

Owner Name (Last, First, Middle)
Other Names Used (Include married or maiden names, aliases, etc.)

Administrator Name (Last, First, Middle)
Other Names Used (Include married or maiden names, aliases, etc.)

Alternate Administrator Name (Last, First, Middle)
Other Names Used (Include married or maiden names, aliases, etc.)

Chief Financial Officer Name (Last, First, Middle)
Other Names Used (Include married or maiden names, aliases, etc.)