



## Consent for Background Check

**\*\*MUST INCLUDE COPY OF DL AND SS CARD WITH THIS FORM**

**Complete for the purpose of:**

- Foster and/or Adoptive Parent Applicant  
Household Member:  child over 14     other adult in home \_\_\_\_\_ (family name)
- Babysitter/Respite Care Provider: \_\_\_\_\_ (family name)
- Employee                                       Frequent Visitor: \_\_\_\_\_ (family name)
- Relationship to the child(ren):  relative     fictive kin     unrelated

First name	Middle name	Last name

Maiden name (if applicable)	Other last names	Other first names (nicknames)

Social security number	Date of birth	Sex	Driver's license number	State

Race	Ethnicity	Email address	Primary phone number

Street address

City	State	Zip code	County

Have you lived in another state during the last 5 years?     Yes     No  
 If yes, please complete the below information:

Address	City, State	County	Dates of Residency



List all Cities/Towns in which you have lived at any time throughout your life. Include dates of residency:

City, State	Beginning Date (month/year)	Ending Date (month/year)

Height	Weight	Eye color	Hair color	Place of birth

I hereby give my permission for Grace Manor to use the above information to conduct a background investigation including a Criminal History Check and a CANRIS Check. All information documented above is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant  
 Signature of Guardian if a Minor

\_\_\_\_\_  
 Date