



Daybreak
P. O. Box 1775
Burleson, Texas 76097-1775
817/447-2700 Fax: 817/447-3033

APPLICATION FOR DAYBREAK FOSTER CARE PROGRAM

Application Instructions:

1. Please type or print clearly in black ink.
2. Ensure the application and supporting documents are signed prior to being submitted.
3. Complete ALL information on the application form to the best of your ability.
4. For quicker consideration, include supporting documents.
5. On the three (3) Reference Forms, complete the top section ONLY. Must have mailing address with phone numbers for references. Please DO NOT use family members as references.

PLEASE NOTE: THESE INSTRUCTIONS MUST BE FOLLOWED IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

Application Procedures:

1. Eligible Applications remain on file for period of one (1) year. If you would like to request us to continue to keep your application on file, please contact our Contracts Coordinator to maintain your application and inform her of any changes to your application.
 2. All applications are reviewed for completeness and qualification match, and then referred to the appropriate Area Regional Director for review.
 3. Only those applicants selected for further processing will be contacted by phone.
 4. If contacted for further processing, an environmental evaluation will be completed to finalize the application process.
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Please Provide Copies Of The Following For Faster Consideration:

- Driver's License (all drivers in residence)
- Social Security
- HS Diploma / GED
- Auto Insurance
- Home/Renters Insurance

Thank you for your interest in Daybreak's Foster / Respite Care Program!

*If you should, have any questions, please contact our
Contracts Coordinator at the number above.*

Daybreak
P. O. Box 1775
Burleson, Texas 76097-1775

I understand and agree that,

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if contracted with, termination of the foster / respite care contract.
2. It is my understanding that Daybreak will make a thorough investigation of my entire work and personal history and may verify all data given in my application for the foster care program, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Daybreak, and I release from liability any person giving or receiving any such information. I understand that falsification of data or other derogatory information discovered, as a result of this investigation, may prevent my being contracted with, or if currently contracted with, may subject the contract to be terminated immediately. I understand that Daybreak is required to conduct a criminal conviction check on me and other adult persons residing in my home. A criminal conviction check will be requested by Daybreak before an offer for a contract to provide foster/companion care services is made.
3. I agree that the contract may be terminated by this Agency at any time without liability for fees, except such as may have been earned at the date of such termination. After the contract is in effect, I understand and agree that Daybreak may perform routine environmental and safety checks of my residence.

I further understand that this is an application for Daybreak Foster / Respite Care Program and that no offer for a contract is being offered.

I understand that if I am contracted with, such contract is for an indefinite period of time, and Daybreak can amend my contract at any time.

I have read and understand the above.

Applicant's Signature: _____ Date: _____

Daybreak Application for Foster Care Program

PO Box 1775 Burleson, Texas 76097-1775 Phone (817) 447-2700 Fax (817) 447-3033

APPLICANT NOTE

This application is intended for use in evaluating your qualifications for foster care. This is not a foster care contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after placement, terminating foster care agreement. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion or physical disability.

APPLICANT INSTRUCTIONS

1. Complete all information on the application form using blue or black ink.
2. If more space is needed to complete any question, use the back page of the application.
3. Print clearly; incomplete or illegible applications may not be processed.
4. Provide only requested information. Failure to do so may result in disqualification of your application.
5. Your signature is required. Applications submitted without a signature may not be considered.

1. PERSONAL INFORMATION

Name (Last, First, Middle)	Social Security No.*	TX Driver's License No.*	Date of Birth
Mailing Address	City	Zip Code	Home Telephone No. () -
Physical (if different for mailing) Address	City	Zip Code	Alt. Telephone No. () -
Previous Address	City	Zip Code	Email Address

**Indicate if you do not have a Social Security number or a Texas driver's license.*

What Type Service(s) applying for ___ Foster Care ___ Respite Care. Have you ever provided any of these services before?
 ___ Yes ___ No Have you had any moving violations within the last seven years? Please describe

Are you currently a Daybreak employee? ___ Yes ___ No If so, where: _____

Are you a former Daybreak employee? ___ Yes ___ No If yes, when: _____ Area: _____

Do you have any family members currently employed with Daybreak or serving as a board member? ___ Yes ___ No If yes, please list name(s) and relationship(s) _____

Referral Source: _____

List **ALL** residents living in your home in addition to yourself:

NAME (Last, First, Middle)	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TX DRIVER'S LIC. NO.*	RELATIONSHIP to applicant

**Indicate if you do not have a Social Security number or a Texas driver's license. Please use back or additional sheet if needed.*

2. EDUCATION

Elementary or High School (circle years completed)	Did you graduate _____ Yes _____ No
1 2 3 4 5 6 7 8 9 10 11 12	Or, receive a GED _____ Yes _____ No

NAME OF SCHOOL	LOCATION (City & State)	DATES ATTENDED				GRAD- UATED (Yes/No)	TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
		From Mo.	Yr.	To Mo.	Yr.			
College or University								
Technical or Vocational								

Describe any other special training you have had which you feel is pertinent, including Continuing Education Units. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold. Include license #s, license expirations, and licensing agency.

3. EMPLOYMENT AND EXPERIENCE

List all positions held within the last 10 years beginning with current or last employer. Please use the back of this page or insert an additional page, if necessary.

DATES EMPLOYED (Month/Year) From To		POSITION	Full Time	Part Time	Sea- sonal	EMPLOYER	ADDRESS

A. Describe the duties of each position listed above that were in the areas of providing services for persons with developmental disabilities.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

4. PREVIOUS LICENSES/REGISTRATIONS

A. Have you ever provided HCS, TxHmL or any other type of services? Yes No Current

If "Yes," for whom (Provider/Agency):	Address (Street, City, Zip)
Dates:	If you were registered under another name, what was the name?

B. Has Daybreak or any other provider or state agency ever registered or listed you to care for individuals with developmental disabilities? Yes No

If "Yes," for whom (Provider/Agency):	Address (Street, City, Zip)
When were you registered or listed? From: To:	If you were registered under another name, what was the name?

**Use the back of this page or insert an additional sheet, if necessary.*

C. Have you ever been denied a license or registration to care for individuals with developmental disabilities?... Yes No

If "Yes," by whom (Provider/Agency):	Address (Street, City, Zip)
When were you denied?	For what type of services were you denied?

D. Have you ever had a license or registration revoked or suspended? Yes No

If "Yes," by whom (Provider/Agency):	Address (Street, City, Zip)
When were you denied?	What was the reason for the revocation or suspension?

5. HEALTH

A. During the past 10 years, have you or has any person listed in Item 1 had any handicapping conditions; chronic conditions, or serious physical, mental, or emotional illnesses?..... Yes No

If "Yes," please give the name of the person(s) and describe. Include a description of any vision or hearing problem, any limitations of mobility, and any history of alcohol or drug abuse. Include treatment and current status. Use additional sheets, as necessary.

Name of the person(s)	Description

B. What is your current health condition? Excellent Good Fair Poor

6. SECURITY

A. List states and counties of residence for the past seven years. _____

B. Have you ever used any names or SSN other than given above? If so, please list. _____

C. Have you or has any person listed in section 1 ever been investigated for Abusing or Neglecting any individual in your care by the following agencies?

Texas Department of Protective and Regulatory Services..... Yes ___ No

Law enforcement agency (police, sheriff, etc)..... Yes ___ No

Other (specify)..... Yes ___ No

If "Yes" to any of the above, what agency were you providing services for?	When did this occur?
Brief outcome of the investigation:	Where?

C. Have you or any person listed in Item 1 been convicted of a crime (felony or misdemeanor) In the past..... Yes ___ No

Please note: Falsification or omission of information regarding a conviction is a terminable offense.. (A conviction will not necessarily bar you from foster care. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of the offense, time since last conviction, nature of job sought and rehabilitation effort will be reviewed.)

If yes, please describe below.

Name of Person	Date of Conviction	Location (City, State)	Charge

Give details including type of conviction and disposition: _____

E. Do you or does any person listed in Item 1 have a felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication?..... Yes ___ No
 If yes, please describe below.

Name of Person	Type of Charge	County where charges are pending or length of deferred sentence.

Give details: _____

Please read and sign the Statement of Employability contained in this application regarding specific crimes.

7. COMMENTS

CERTIFICATION AND RELEASE *Please review the following statements carefully.*

In consideration of providing foster/companion care services; I agree to conform to the policies and procedures of the company. I understand that in accepting this application, Daybreak Community Services, Inc. d/b/a Daybreak is in no way obligated to secure my placement in providing foster/companion care services and that I am not obligated to accept an offer, if made, to provide foster/companion care. Furthermore, if accepted, I understand that I am accepted at will and that my foster/companion care services agreement can be terminated with or without cause, and with or without notice at any time.

I certify that the answers given by me on this application to provide foster/companion care services are true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time while providing foster/companion care services.

I authorize Daybreak Community Services, Inc. d/b/a Daybreak and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize former employers, persons, schools, companies, state agencies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies, state agencies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs, alcohol and inhalants is prohibited by Daybreak Community Services, Inc. d/b/a Daybreak. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs, alcohol or inhalants prior to and during providing foster/companion care services.

SIGNATURE _____ DATE _____

EQUAL OPPORTUNITY EMPLOYER

Applicant

Daybreak Community Services, Inc., dba Daybreak

Statement of the Ability to Contract

By execution of this document, I acknowledge that I have been informed by Daybreak that a criminal history check will be performed on my name. I have informed this agency of all names that I have used in the past. I understand that I may be selected on an emergency basis and that my foster care is contingent upon successful completion of the background check including a criminal history check of myself and all home resident ages 14 and older.

The guidelines set by the State of Texas and governing all Home and Community Supports and Services Agencies dictate that a conviction of any of the crimes listed below will bar foster care with this agency regardless of when the crime was committed.

(a) A person for whom the facility or the individual employer is entitled to obtain criminal history record information may not be employed in a facility or by an individual employer if the person has been convicted of an offense listed in this subsection:

- (1) an offense under Chapter 19, Penal Code (criminal homicide);
- (2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- (3) an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), Section 21.11, Penal Code (indecenty with a child);
- (4) an offense under Section 22.011, Penal Code (sexual assault);
- (5) an offense under Section 22.02, Penal Code (aggravated assault);
- (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
- (8) an offense under Section 22.08, Penal Code (aiding suicide);
- (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- (10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
- (11) an offense under Section 28.02, Penal Code (arson);
- (12) an offense under Section 29.02, Penal Code (robbery);

- (13) an offense under Section 29.03, Penal Code (aggravated robbery);
- (14) an offense under Section 21.08, Penal Code (indecent exposure);
- (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
- (17) an offense under Section 22.05, Penal Code (deadly conduct);
- (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
- (19) an offense under Section 22.07, Penal Code (terroristic threat);
- (20) an offense under Section 33.021, Penal Code (online solicitation of a minor);
- (21) an offense under Section 34.02, Penal Code (money laundering);
- (22) an offense under Section 35A.02, Penal Code (Medicaid fraud);
- (23) an offense under Section 36.06, Penal Code (obstruction or retaliation);
- (24) an offense under Section 42.09, Penal Code (cruelty to livestock animals) or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
- (25) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this subsection.

A contract with this agency shall also be barred if you were convicted of any of the following offenses within the last five (5) years:

(b) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:

- (1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- (2) an offense under Section 30.02, Penal Code (burglary);
- (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- (4) an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony;
- (5) an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
- (6) an offense under Section 37.12, Penal Code (false identification as peace officer); or
- (7) an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).

Daybreak will not contract with anyone who has a record of assault on his or her criminal history report.

(c) In addition to the prohibitions on employment prescribed by Subsections (a) and (b), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:

(1) of an offense under Section 30.02, Penal Code(burglary); or

(2) under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

IMPORTANT INFORMATION, read carefully: *“Daybreak reserves the right to deny a contract to any applicant whose criminal background or driving record history would jeopardize the safety and security of our consumers. To protect our consumers, Daybreak will at times be more stringent in their contract decisions than the barring offense time limits dictate.”*

My signature on this document indicates that I have not been convicted of any of the above listed crimes. I also understand that if I have been convicted of any offense(s), that I must disclose this information on the foster care application or other contract information requests and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

Applicant’s Signature _____

All criminal history information obtained by

Printed Name _____

by this agency will remain confidential.

Date _____ Date of Birth _____

Resident

**Daybreak Community Services, Inc., dba Daybreak
Statement of the Ability to Contract**

By execution of this document, I acknowledge that I have been informed by Daybreak that a criminal history check will be performed on my name. I have informed this agency of all names that I have used in the past. I understand that I may be selected on an emergency basis and that my foster care is contingent upon successful completion of the background check including a criminal history check of myself and all home resident ages 14 and older.

The guidelines set by the State of Texas and governing all Home and Community Supports and Services Agencies dictate that a conviction of any of the crimes listed below will bar foster care with this agency regardless of when the crime was committed.

(a) A person for whom the facility or the individual employer is entitled to obtain criminal history record information may not be employed in a facility or by an individual employer if the person has been convicted of an offense listed in this subsection:

- (1) an offense under Chapter 19, Penal Code (criminal homicide);
- (2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- (3) an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), Section 21.11, Penal Code (indecent with a child);
- (4) an offense under Section 22.011, Penal Code (sexual assault);
- (5) an offense under Section 22.02, Penal Code (aggravated assault);
- (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
- (8) an offense under Section 22.08, Penal Code (aiding suicide);
- (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- (10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
- (11) an offense under Section 28.02, Penal Code (arson);
- (12) an offense under Section 29.02, Penal Code (robbery);

- (13) an offense under Section 29.03, Penal Code (aggravated robbery);
- (14) an offense under Section 21.08, Penal Code (indecent exposure);
- (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
- (17) an offense under Section 22.05, Penal Code (deadly conduct);
- (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
- (19) an offense under Section 22.07, Penal Code (terroristic threat);
- (20) an offense under Section 33.021, Penal Code (online solicitation of a minor);
- (21) an offense under Section 34.02, Penal Code (money laundering);
- (22) an offense under Section 35A.02, Penal Code (Medicaid fraud);
- (23) an offense under Section 36.06, Penal Code (obstruction or retaliation);
- (24) an offense under Section 42.09, Penal Code (cruelty to livestock animals) or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
- (25) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this subsection

A contract with this agency shall also be barred if you were convicted of any of the following offenses within the last five (5) years:

(b) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:

- (1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- (2) an offense under Section 30.02, Penal Code (burglary);
- (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- (4) an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony;
- (5) an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
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Daybreak will not contract with anyone who has a record of assault on his or her criminal history report.

(c) In addition to the prohibitions on employment prescribed by Subsections (a) and (b), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:

- (1) of an offense under Section 30.02, Penal Code(burglary); or
- (2) under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

IMPORTANT INFORMATION, read carefully: “Daybreak reserves the right to deny a contract to any applicant whose criminal background or driving record history would jeopardize the safety and security of our consumers. To protect our consumers, Daybreak will at times be more stringent in their contract decisions than the barring offense time limits dictate.”

My signature on this document indicates that I have not been convicted of any of the above listed crimes. I also understand that if I have been convicted of any offense(s), that I must disclose this information on the foster care application or other contract information requests and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

Applicant’s Signature _____

All criminal history information obtained by

Printed Name _____

by this agency will remain confidential.

Date _____ Date of Birth _____

TEXAS DPS



APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make **CASHIER'S CHECK** or **MONEY ORDER** Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
<input type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and Is Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____	\$ 1.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____

Your Title or Affiliation with above _____

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) _____

Information Requested On:

Texas Driver License Number _____ M/M / D/D / Y/Y Y/Y _____ Suffix (SR., JR., etc.) _____

Date of Birth _____

Last Name _____

First Name _____

Middle Name/Maiden Name _____

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____
Signature of Licensee/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD



MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make **CASHIER'S CHECK** or **MONEY ORDER** Payable To:
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Any questions regarding the information on this form should be directed to
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Check Type of Record Desired

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<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
<input type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and Is Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____	\$ _____ (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name

Requestor's First Name

Street Address

Texas Driver License Number

City

State

Zip Code

Daytime Telephone Number (include area code)

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.

Your Title or Affiliation with above

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number

_____/_____/_____/_____/_____/_____
Date of Birth

Suffix (SR., JR., etc.)

Last Name

First Name

Middle Name/Maiden Name

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____
Signature of Licensee/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following:

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I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Daybreak

Reference Form

Check one only Employment Reference Personal Reference (excludes family members)

Date: _____

To: _____ Attn: _____

Address: _____
Street City State Zip

Telephone (include area code) _____

From: _____
Print Applicant's Name

I have made application for foster care with Daybreak Community Services, Inc, dba Daybreak and want them to be informed as to my previous work record and character. Therefore, I hereby authorize Daybreak to investigate my past records. I also give my permission to you to complete this Reference Form and I release all former employers, persons, schools, and companies from any liability for any damage whatsoever for issuing this information.

Applicant's Signature

For Reference To Complete:

Relationship with applicant Employer Coworker Friend

How long have you known applicant? _____

Do you believe this person has the ability to provide a safe, healthy environment for individuals with developmental disabilities? Yes No

Why? _____

Employers Only

Dates Employed _____ To _____ Position held _____

Salary _____ Reason for leaving _____

Would you rehire? Yes No Why? _____

Comments

Signature and Title (if applicable) of Person Completing Form

Date

Daybreak

Reference Form

Check one only Employment Reference Personal Reference (excludes family members)

Date: _____

To: _____ Attn: _____

Address: _____
Street City State Zip

Telephone (include area code) _____

From: _____
Print Applicant's Name

I have made application for foster care with Daybreak Community Services, Inc, dba Daybreak and want them to be informed as to my previous work record and character. Therefore, I hereby authorize Daybreak to investigate my past records. I also give my permission to you to complete this Reference Form and I release all former employers, persons, schools, and companies from any liability for any damage whatsoever for issuing this information.

Applicant's Signature

For Reference To Complete:

Relationship with applicant Employer Coworker Friend

How long have you known applicant? _____

Do you believe this person has the ability to provide a safe, healthy environment for individuals with developmental disabilities? Yes No

Why? _____

Employers Only

Dates Employed _____ To _____ Position held _____

Salary _____ Reason for leaving _____

Would you rehire? Yes No Why? _____

Comments

Signature and Title (if applicable) of Person Completing Form

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Daybreak

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PRE-EMPLOYMENT SCREENING REPORT

TEXAS DEPARTMENT OF HUMAN SERVICES EMPLOYEE MISCONDUCT REGISTRY / NURSE AID REGISTRY / MEDICATION AID REGISTRY 1-800-452-3934

The Texas Department of Human Services requires all agencies providing services to Individuals with disabilities to ensure all applicants are eligible for hire prior to making an offer of employment by searching the Employee Misconduct Registry for reportable conduct. By signing the form, you authorize Daybreak to conduct a search of the Employee Misconduct, Nursing Aid Misconduct, and the Medication Aid Misconduct Registry for reportable conduct and understand that if you are designated in any registry, you will not be eligible to provide services for Daybreak.

Applicant
Signature _____ Date _____

This Section completed by Daybreak's Contract Department

Applicant's
Name _____ SSN _____
(required)

Date applicant called in for prescreening _____

Medication Aid Registry
Result of call (check one) _____ Finding _____ No Finding

Nurse Aid Registry
Result of call (check one) _____ Finding _____ No Finding

Employee Misconduct
Result of call (check one) _____ Finding _____ No Finding

Daybreak is prohibited from employing a person who is listed as having abused, neglected, or exploited a resident or consumer of a facility or an individual receiving service from an agency.

Person Making call (please print) _____
Signature and Title _____

PRE-EMPLOYMENT SCREENING REPORT

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Signature and Title _____