

**Joyous Care & Family Preservation Services
DHS Information Sheet for Background Study 2.0
Consent to Release Information**

First Name: _____

Middle Name: _____ No Middle Name

Last Name: _____

Suffix (please circle): N/A JR SR THIRD FOURTH

Any other prior names or aliases you have been known by:

First Name(s): _____

Middle Name(s): _____

Last Name(s): _____

Permanent/Physical Address: ***PO Boxes may not be submitted as Permanent Address*

Street: _____ APT #: _____

City/State: _____ Zip Code: _____

County in which you reside: _____

Mailing Address: Same as Permanent Address

Street: _____ APT #: _____

City/State: _____ Zip Code: _____

Drivers License Number/ State ID Number: _____

State of Issue: _____

Social Security Number: _____ - _____ - _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

Race:

- | | |
|--|--|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Unknown/Other |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> White | |

Gender: () Male () Female

Eye Color: _____ **Hair Color:** _____ **Height:** _____ ft _____ inches **Weight:** _____ lbs

Are you a US Citizen? YES NO

Place Of Birth: (city/state/country) _____

Phone Number: (____) _____ Mobile Home Work

Secondary Phone Number: (____) _____ Mobile Home Work

Email: _____

Have you lived out-of-state within the last 5 years? Yes No

IF YES, List all prior out-of-state addresses within the last 5 years:

1. City: _____ State: _____
Resided From (mo/yr) _____ To (mo/yr) _____
2. City: _____ State: _____
Resided From (mo/yr) _____ To (mo/yr) _____
3. City: _____ State: _____
Resided From (mo/yr) _____ To (mo/yr) _____
4. City: _____ State: _____
Resided From (mo/yr) _____ To (mo/yr) _____
5. City: _____ State: _____
Resided From (mo/yr) _____ To (mo/yr) _____

I understand that my Background Study will be submitted with the information I provided. I also verify that all the information on this form is true and accurate.

Applicants Signature

Date

Agency Representative

Date

After your background check is submitted, Joyous Care will email you a *fingerprint authorization form*. You will then be required to go to a designated location to complete the background study process by submitting your fingerprints.

For Agency Use Only:

- Copy of Privacy Notice Given to Applicant
 - Given to Applicant in Person
 - Emailed (*Date Emailed: ____/____/____*)
- 2 forms of ID received (Refer to *Acceptable Forms of Identification for DHS Background Studies Document*)
- PCA Certificate Received