



State Long-Term Care Ombudsman Program
Consent for Criminal History Check

All representatives of the Office of the State Long-Term Care Ombudsman, both volunteers and staff, entering the Ombudsman Program must complete a criminal history check and have no barring criminal convictions.

Each applicant gives permission to the Ombudsman Program to perform an initial criminal history check and periodic checks thereafter. Volunteers and staff must immediately report criminal charges, indictments or convictions to the Ombudsman Program. All names ever used by the applicant must be disclosed.

I, _____ authorize the State Long-Term Care Ombudsman Program to request a criminal history check on me to serve as a: Certified Volunteer Ombudsman Certified Staff Ombudsman (paid with ombudsman funds)

List every name ever used:

Email Address: _____ Area Code and Phone No.: _____

Address (Street, City and ZIP Code and cannot include P.O. Box):

List any prior convictions with the approximate date.

List any pending legal charges.

Current or previous related license or certification (Examples are nursing, social work or nursing facility administrator.):

Date of Birth: _____ TDPS Driver License No. or ID Card No.: _____ Social Security No. (Required by any non-Texas ID): _____

I certify the information listed above is correct.

_____ **Applicant's Printed Name** _____ **Applicant's Signature** _____ **Date**

To Be Completed by the Local Ombudsman Entity

I have examined the government issued ID of this applicant and verify the above information is correct.

_____ **Managing Local Ombudsman or Designee** _____ **Ombudsman Program or Area Agency on Aging** _____ **Date**

Submit by:
Email at Ombudsman Program Office Manager or lrc.ombudsman@hhsc.state.tx.us.
or
Fax at 512-438-3233
Retain original at local ombudsman entity.