**NATIONAL SERVICE CRIMINAL HISTORY CHECK (NSCHC)**

**VERIFICATION FORM**

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| **Applicant Name:** |  |
| **Start Date:**  |  |
| **Position:** |  |
| **Recurring Access to Vulnerable Populations:** | [ ]  Yes [ ]  No |

1. **VERIFICATION OF IDENTITY**

[ ] Photocopy/scan of government issued ID (driver’s license or passport) is attached

*--------------------------------------------------------------------- OR -----------------------------------------------------------------------*

[ ] ID Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WRITTEN CONSENT**

[ ]  Scanned or attached consent form including signed statement from applicant agreeing to undergo checks and confirming that the candidate understands selection is contingent upon the outcomes of the checks.

1. **NSOPW CHECK**

*(Must initiate and complete* ***prior*** *to start of service or work.)*

[ ]  Screenshots or print outs of results from National Sex Offender Public Website Check (NSOPW) that clear applicant, and include the date record for when the search was performed

[ ]  If the NSOPW search returns any results, include documentation that shows that the candidate is not one of those listed

[ ]  If any registries were not reporting at the time of search, documentation that the non-reporting registry was searched directly or a second NSOPW search was conducted when the registry was present. NSOPW check is not considered complete until all results from all registries are received and kept.

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| Website of source used: | [*http://www.nsopw.gov*](http://www.nsopw.gov) |

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|  |  |  |  |  |
| Date Initiated  |  | Staff Signature |  | Print Name  |
|  |  |  |  |  |
| Date Completed  |  | Staff Signature |  | Print Name  |

1. **STATE CHECKS**

*(Must initiate* ***no later than*** *start of service or work)*

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| **State of Service:** | Texas |
| Repository Checked: | [ ] TX-DPS Public Site (Name-based) [ ] TX-DPS Secure Site (Fingerprint-based) [ ]  Results kept for Public Site Checks [ ]  Results **not** kept for Secure Site Checks |
| Website of source used: | [*http://www.dps.texas.gov*](http://www.dps.texas.gov/) |

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| Date Initiated  |  | Staff Signature |  | Print Name  |
|  |  |  |  |  |
| Date Completed  |  | Staff Signature |  | Print Name  |

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| --- | --- |
| **State of Residence:** |  |
| Repository Checked**:**  |  |
| Website of source used: |  |
|  | [ ]  Results kept if not prohibited by state law where the check was received |

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| Date Initiated  |  | Staff Signature |  | Print Name  |
|  |  |  |  |  |
| Date Completed  |  | Staff Signature |  | Print Name  |

1. **FBI FINGERPRINT BASED CHECK**

*(Must initiate no later than start of service or work)*

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| Repository Checked: | Texas Department of Public Safety Secure Site Check  |
| Website of source used: | [*http://www.dps.texas.gov*](http://www.dps.texas.gov/) |

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| Date Initiated  |  | Staff Signature |  | Print Name  |
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| Date Completed  |  | Staff Signature |  | Print Name  |

1. **ACCOMPANIMENT**

*(Accompaniment is required until either the FBI Checks or the State Checks (including both State of Residence and State of Service Checks, when applicable) clear.)*

**Is Accompaniment Necessary?:** [ ]  Yes [ ]  No

[ ] Attach documentation of each instance of accompaniment during service or work with vulnerable populations before necessary checks are received. Record the date, time, location, and name of person who provided accompaniment.

[ ]  Ensure person who provided accompaniment has been cleared in their position.

1. **CONSIDERATION OF RESULTS**

[ ]  The individual has been deemed eligible to serve/work with PROGRAM NAME.

[ ]  The individual has been deemed ineligible to serve/work with PROGRAM NAME.

I also certify that the results of these checks have been kept confidential, that the program has paid for the checks, and that we have allowed the individual the opportunity to review any findings from the checks.

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|  Authorized Program Staff Signature  |  |
| Authorized Program Staff Print Name |  |
| Date of Consideration |  |