



Dear Applicant:

Thank you for requesting information about the Listing of family homes. State law requires home child care providers who care for one to three unrelated children to list their business with the Texas Health and Human Services Commission (THHSC). Each year the listee pays a \$20.00 fee. The listee must also comply with THHSC's rules and all laws that apply to Listed Family Homes.

Enclosed you will find:

- Guidelines for Listed Family Homes (Form 2986 Attachment)
- Listing Permit Request (Form 2986)
- Request for Background Check (Form 2971)/FBI Fingerprinting
- Controlling Person Form (Form 2760)
- Listed Family Home Fee Schedule (Form 3008) and self-addressed envelope – **Mail to Austin (send a copy of your check or money order along with your Listing Request.)**

You have the option of attending the Pre-Application class for Registered Family Homes. You will be given information on preventing risks to children in care and on good business practices. The class is provided free by Child Care Licensing staff. To sign-up for a class, please call the **Intake Line at (210) 337-3399.**

After your Listing Request is reviewed and accepted, the background checks and FBI fingerprinting cleared, and your \$20.00 fee and \$2.00 per background fees are verified, the Technician will issue you a Certificate of Listing. After you are issued your certificate, you may legally provide child care in your home for up to three unrelated children.

If you have any questions, please feel free to contact the **Intake Line at (210) 337-3399** or the following Technician.

**Norma Ogden  
(210) 337-3228**





## Guidelines for Listed Family Homes

This information sheet is designed to help you understand the laws and rules governing listed family homes.

**Directions:** If you have questions regarding listed family homes, contact the local Child Care Licensing (CCL) office. A list of offices can be found at [http://www.dfps.state.tx.us/Child\\_Care/Local\\_Child\\_Care\\_Licensing\\_Offices/default.asp](http://www.dfps.state.tx.us/Child_Care/Local_Child_Care_Licensing_Offices/default.asp).

A family home provider who is compensated\* to provide regular care\*\* for one to three unrelated children in the provider's own home must **list** with the Child Care Licensing Division of the Texas Health and Human Services Commission (HHSC). A provider who is required to get a listing **may** apply for a registration instead; but a provider with a registration must comply with minimum standards for registered child care homes.

\*You are compensated if you receive anything of value in exchange for the care you are providing.

\*\*You are providing regular care if you care for a child for four or more hours per day, for three or more days per week and for three or more consecutive weeks, or for four hours per day for 40 or more days in a period of 12 months.

Following are the legal requirements for a Listed Family Home provider:

### A. People in the Home

1. The provider must submit a completed Request for Criminal History and Central Registry Check form for the provider, any resident of the home who is 14 years old or older, and any person who regularly or frequently visits the home while the children are in care. The provider and any resident aged 14 years or older must also complete an FBI fingerprint check.
2. The provider must submit a completed Request for Criminal History and Central Registry Check every 24 months that includes the provider, all residents of the home who are 14 years old or older, and all persons who regularly or frequently visit the home while the children are in care. Failure to submit the required background checks will result in the automatic suspension of the home's listing. If the background checks are not received within six months of the due date, the listing will be automatically revoked.
3. A person is regularly, or frequently, if the person is at the home:
  - on a scheduled basis;
  - for three or more non-continuous visits in a 30-day period;
  - for one continuous stay that exceeds seven days; or
  - for three or more continuous stays per year, and the duration of each stay exceeds 48 hours.
4. A person who has a history of abuse or neglect reported in the Department of Family and Protective Services (DFPS) Central Registry offenses may be unable to be in the home or to have contact with children in care. The Centralized Background Check Unit (CBCU) will inform you if a person has Central Registry history that bars the person's presence or requires a risk evaluation before a person may be allowed in the home or to have contact with children in care. In some circumstances, the CBCU may determine that a person who is currently the subject of a child abuse or neglect investigation poses an immediate threat or danger to the health or safety of children and may not have contact with children.
5. A conviction for any of the offenses included in the following chart posted on the CCL website may affect a person's ability to be in the home or to have contact with children in care. The chart lists the action required regarding any criminal convictions for persons that reside in a listed family home:  
[http://www.dfps.state.tx.us/Child\\_Care/documents/Standards\\_and\\_Regulations/Reg\\_List\\_Home\\_Chart.pdf](http://www.dfps.state.tx.us/Child_Care/documents/Standards_and_Regulations/Reg_List_Home_Chart.pdf)
6. Until charges are dropped, a person who is indicted for any of the offenses listed in the chart linked above, or who is the subject of an official criminal complaint (related to those offenses) that has been accepted by a county or district attorney, must not be in the home or have contact with children who are in care.
7. The provider must notify the CBCU of the indictments or complaints within 24 hours of awareness or by the next workday. The provider must also notify the CBCU if a person who is subject to background has been arrested for a crime, so that the CBCU may determine whether the person may be present at the home while children are in care.

#### B. Number of Children in Care

1. Once listed by CCL, a provider may care for one to three unrelated children in the provider's home. A provider caring for more than three unrelated children in his or her home must obtain a registration or license.
2. The total number of children in a listed family home, **including** those related to the provider, may not exceed 12 at any given time. Children who are related to the provider are his or her children, grandchildren, great-grandchildren, first cousins, siblings, nieces, and nephews.

#### C. Abuse and Neglect or Immediate Threat of Harm to Children in Care

1. Children must not be abused or neglected while in the listed family home. See 40 TAC Sec. 745.8427. If CCL receives a report of abuse or neglect or immediate threat of harm to children in a listed family home, an investigator is assigned to visit the home and investigate the complaint.
2. If a child appears abused or neglected when the child comes to the listed family home, the caregiver must call and report the abuse or neglect to DFPS or the nearest law enforcement agency immediately. This is required in Chapter 261 of the Texas Family Code, Investigation of Report of Child Abuse and Neglect. This law provides immunity to anyone who makes a good faith report. **The 24-hour, toll-free number for reporting child abuse and neglect is 1-800-252-5400; an e-report can also be filed at <https://txabusehotline.org>.**

#### D. Provider (Caregiver)

1. The caregiver must meet all requirements of a listed family home required in the Human Resources Code, Chapter 42, and Texas Administrative Code, Chapter 745.
2. A caregiver must be at least 18 years old.
3. The caregiver must present the listing certificate to any parent who requests to see it.
4. The caregiver must pay the annual listing fee and any background checks fees, which includes the additional fee for FBI prints, to maintain a listing with the state. Failure to submit payment for the fee(s) when due will result in the automatic suspension of the home's listing. If payment of the fee(s) is not made within six months of the due date, the listing will be automatically revoked.

#### E. Advertising a Listed Family Home

"A family home may not place a public advertisement that uses the title "listed family home" or any variation of the phrase unless the home is listed as provided by this chapter [Chapter 42 of the Human Resources Code]. Any public advertisement for a listed family home that uses the title "listed family home" must contain a provision in bold type stating: **'THIS HOME IS A LISTED FAMILY HOME. IT IS NOT LICENSED OR REGISTERED WITH THE CHILD CARE LICENSING DIVISION OF THE HEALTH AND HUMAN SERVICES COMMISSION. IT HAS NOT BEEN INSPECTED AND WILL NOT BE INSPECTED.'**" Section 42.0522 (b) of the Human Resources Code.

#### F. Appeals and Court Challenges

If CCL denies a person a listing or revokes a person's listing, CCL notifies the person in writing of the reasons for the revocation or denial and how to request an appeal.



### Listing Permit Request

Use this form to apply for a listing permit.

**Directions:** After completing all of this form, mail it and any other materials requested to the nearest Child Care Licensing (CCL) office.

#### Applicant Information

Name (first, middle, last)		Social Security Number	Date of Birth
Other Names I Have Used or Have Been Known By (maiden, married, etc.)		Texas Driver License or State ID Number	
Location Address (if rural, attach directions)			
If rural, give clear and concise directions			
Mailing Address (if different than location)			
Primary Telephone Number with Area Code	Cell or Other Contact Number	Contact Email Address	
Web Page Address http://			
Indicate if you do not have a Social Security number or a Texas Driver License or Texas ID. If your driver license is from out of state, provide the name of the state.			

#### Home Information

##### 1. Age Groups (Check all that apply)

- Infants (birth – 17 months)
- Toddlers (18 months – 2 years)
- Pre-Kindergarten (3 years – 4 years)
- School-age (5 years and older)

##### 2. Times of Operation

###### Hours of Operation

Begin Time	End Time

###### Days of Operation (check all that apply)

- Monday   
  Tuesday   
  Wednesday   
  Thursday   
  Friday   
  Saturday   
  Sunday

###### Months of Operation (check all that apply)

- January   
  February   
  March   
  April   
  May   
  June   
  July
- August   
  September   
  October   
  November   
  December

**3. Services Offered (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> After School Services  | <input type="checkbox"/> Meals Provided        |
| <input type="checkbox"/> Before School Services   | <input type="checkbox"/> Field Trips           |
| <input type="checkbox"/> Drop-In Care (Alternate Care)  | <input type="checkbox"/> Pool on Premises      |
| <input type="checkbox"/> Part-time Care (will enroll children for only part of the day and/or week) | <input type="checkbox"/> School Age Child Care |
| <input type="checkbox"/> Snacks Provided  | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Water Activities   |  |

**4. Miscellaneous**

Are you requesting to be listed in order to receive a federal child care subsidy? .....  Yes  No

Are you currently caring for children in your home who are not related to you? .....  Yes  No

How many children are you caring for or how many do you intend to care for? ..... (related) (unrelated)

What language do you primarily speak?

Have you ever been a foster parent? .....  Yes  No

Check here, if you are (or a partner is) a military member, military spouse, military veteran, or veteran spouse.

Has any agency in the state of Texas ever licensed you to care for children? .....  Yes  No

If yes, please provide the name of the agency, name(s) listed on license(s), date(s) of license(s), and address(es) including county.

Have you ever had an application or permit that was denied, revoked, or suspended by CCL? .....  Yes  No

If yes, provide the name of the applicant or name listed on the permit, address(es) including county, and reasons for the denial, revocation, or suspension.

**5. Other Household Members, Caregivers, or Regular/Frequent Visitors**

The following people (spouse, children, friends, etc.) live in my home with me or are regularly or frequently present: (See 40 Texas Administrative Code 745.601 for a definition of regularly or frequently present visitors – while children are in my care.)

Name (first, middle, last)	Age	Date of Birth	Social Security No.*	Texas DL/State ID Number*	Relationship

\*Indicate if no Social Security number or Texas driver license or state ID number.

Will any other people assist you in caring for children? .....  Yes  No

If yes, provide the following information on the people who will assist you (include their names on Form 2971, CCL Request for Background Check):

Name (first, middle, last)	Date of Birth	Social Security No.*	Texas DL/State ID Number*	Address	Phone Number

\*Indicate if no Social Security number or Texas driver license or state ID number.

**5. Notice:** Persons requesting a listing permit have the option of attending a pre-application class in health, safety, and sanitation related to preventing risk to children. Contact your local Licensing office for more information. Information contained in this Listing Permit Request may be required by law to be released to the public. Licensing posts information on its public website about your listed family home and its compliance history at [www.txchildcaresearch.org](http://www.txchildcaresearch.org).

If your address, phone or other information changes, inform your local Licensing office.

**Signature**

I request to list with Child Care Licensing (CCL) to provide child care. I agree to comply with CCL rules and all provisions of Chapter 42 Human Resources Code (the child care licensing law) that apply to listed family homes. I understand I am to notify CCL within 15 days if I move or when I am no longer caring for children.

I also certify that the information I have given contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I understand that any willful misrepresentation is cause for immediate denial or revocation of my listing.

I authorize CCL to contact people listed on this form. I authorize the Texas Department of Public Safety to release my criminal history record information to CCL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Privacy Statement**

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

**CCL Use Only**

Date Application Received	Date Accepted	Date Fee Verified	Amount Paid	Method of Verification	By

**Criminal History:**

Date Received	Date Entered	Date Completed

**Central Registry:**

Date Received	Date Entered	Date Completed







### Child Care Licensing Request for Background Check

Use this form to request background checks required by Texas Administrative Code (TAC) §745.605. You can also submit background check requests through HHSC's [Child Care Provider](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

If,	Then,
Your operation is a licensed child care center, school-age program, before- or after-school program, licensed child care home, registered home or residential care provider,	your operation must submit background check requests via HHSC's, <a href="#">Child Care Provider</a> page.
Your operation is a listed family home, employer-based child care operation or shelter operation,	your operation may submit background check requests via HHSC's Child Care Provider page, email the form to <a href="mailto:CBCUbackgroundchecks@dfps.state.tx.us">CBCUbackgroundchecks@dfps.state.tx.us</a> , fax the background check form to 512-339-5871, or mail the background check form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code 121-7, Austin, TX 78714-9030.

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

#### Operation Information

Operation Name	Operation No.	Operation Area Code and Telephone No.
Operation Address (Street, City, State, ZIP Code)		
Operation Mailing Address (Street, City, State, ZIP Code)		County

#### Verification Signatures

I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner or Operator

Signature of Director, Owner or Operator

Date Signed

**Individual's Identifying Information**

Initial       Renewal       Fingerprint Check Required       FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names
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Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Passport: _____	<input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Permanent Resident Card: _____
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email \_\_\_\_\_       Area Code and Telephone No. \_\_\_\_\_

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

Adoptive Parent     Contracted Service Provider     Director     Foster Parent     Foster/Adoptive Parent  
 Household Member     Frequent/Regular Visitor     Licensed Administrator     Owner/Permit Holder  
 Staff/Employee     Unverified Respite Provider     Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative       Fictive Kin       Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?.....  Yes    No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months     18 months – 2 years     3 years – 4 years     5 years – 13 years     14 years – 17 years  
 Over 17 years     N/A

**Individual's Identifying Information**

Initial       Renewal       Fingerprint Check Required       FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Permanent Resident Card: _____
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Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

**Role at Operation:**

Adoptive Parent     Contracted Service Provider     Director     Foster Parent     Foster/Adoptive Parent  
 Household Member     Frequent/Regular Visitor     Licensed Administrator     Owner/Permit Holder  
 Staff/Employee     Unverified Respite Provider     Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative       Fictive Kin       Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?.....  Yes    No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Permanent Resident Card: _____
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Email \_\_\_\_\_       Area Code and Telephone No. \_\_\_\_\_

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

Adoptive Parent     Contracted Service Provider     Director     Foster Parent     Foster/Adoptive Parent  
 Household Member     Frequent/Regular Visitor     Licensed Administrator     Owner/Permit Holder  
 Staff/Employee     Unverified Respite Provider     Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative       Fictive Kin       Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?.....  Yes    No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

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 Over 17 years     N/A

**Individual's Identifying Information**

- Initial     
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  Area Code and Telephone No. \_\_\_\_\_

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**Role at Operation:**

Adoptive Parent   
  Contracted Service Provider   
  Director   
  Foster Parent   
  Foster/Adoptive Parent  
 Household Member   
  Frequent/Regular Visitor   
  Licensed Administrator   
  Owner/Permit Holder  
 Staff/Employee   
  Unverified Respite Provider   
  Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

- Relative     
  Fictive Kin     
  Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?.....  Yes    No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months   
  18 months – 2 years   
  3 years – 4 years   
  5 years – 13 years   
  14 years – 17 years  
 Over 17 years   
  N/A

**Individual's Identifying Information**

Initial       Renewal       Fingerprint Check Required       FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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Other First Names	Other Middle Names	Other Last Names
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Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Permanent Resident Card: _____
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 Email \_\_\_\_\_       Area Code and Telephone No. \_\_\_\_\_

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

<input type="radio"/> Adoptive Parent	<input type="radio"/> Contracted Service Provider	<input type="radio"/> Director	<input type="radio"/> Foster Parent	<input type="radio"/> Foster/Adoptive Parent
<input type="radio"/> Household Member	<input type="radio"/> Frequent/Regular Visitor	<input type="radio"/> Licensed Administrator	<input type="radio"/> Owner/Permit Holder	
<input type="radio"/> Staff/Employee	<input type="radio"/> Unverified Respite Provider	<input type="radio"/> Volunteer		

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):  
 Relative       Fictive Kin       Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?.....  Yes    No  
 (The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?  
 0 – 17 months    18 months – 2 years    3 years – 4 years    5 years – 13 years    14 years – 17 years  
 Over 17 years    N/A

**This form is not required at the time of your fingerprint appointment.**



**Texas Department of Family and Protective Services  
Daycare Child Care Licensing**

Please schedule a fingerprint appointment by completing the following steps:

1. Logon to:  
<https://uenroll.identogo.com/servicecode/11BBY3> if you are in a paid role  
<https://uenroll.identogo.com/servicecode/11BF2V> if you are in an unpaid (volunteer) role
2. Select **Schedule Appointment**
3. Follow the prompts to enter requested information.

When scheduling an appointment you will be prompted for the following additional personal data. **NOTE:** This data is required by the Texas Department of Public Safety in order to process your background check.

- Date of Birth
- Citizenship
- Mailing and Residential Addresses
- Height
- Weight
- Hair Color
- Eye Color
- Preferred Language
- Gender
- Race

During your fingerprint appointment you must present your Driver's License card or other allowable documents to verify your identity. Acceptable documentation is listed on the Texas Department of Public Safety's website - [https://www.txdps.state.tx.us/administration/crime\\_records/docs/proveidforfingerprinting.pdf](https://www.txdps.state.tx.us/administration/crime_records/docs/proveidforfingerprinting.pdf).

You may pay for your fingerprint services at your fingerprint appointment via credit card, business check, money order or NCAC coupon code only. No cash or personal checks accepted. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

**If you need assistance scheduling your appointment you may call 1-888-467-2080.**

**For additional information on scheduling your fingerprint appointment please visit the Centralized Background Check Unit website at [http://www.dfps.state.tx.us/background\\_checks/fingerprinting.asp](http://www.dfps.state.tx.us/background_checks/fingerprinting.asp)**





### Controlling Person – Child Care Licensing

**Directions:** Complete the required information for each controlling person with your operation. This includes all people in the operation, as stated under Title 40 Texas Administrative Code §745.901 for the definition of controlling person. **Note:** The rules may transfer to Title 26 at a later date.

#### Operation Information

Operation Name:	Operation No.:	Area Code and Telephone No.:
Address of Operation (Street, City, State and ZIP Code) :		County:

#### Acknowledgment and Signature

The information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit.

Signature of Applicant, Designee, or Head of the Governing Body \_\_\_\_\_ Date \_\_\_\_\_

#### Applicant Information

First Name:	Middle Name:	Last Name:	Suffix:
Other names used (married, maiden, etc.)			
First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Driver License No.:	Driver License State:	Social Security No.:
Individual's Address (Street, City, State and ZIP Code):			Area Code and Telephone No.:
<b>Title, Position or Relationship:</b> <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Director <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____			
Effective Date of Title, Position or Relationship:			
If person is associated with a child placing agency, indicate if the person is associated with the main or branch office: <input type="radio"/> Main <input type="radio"/> Branch    If branch, what number: _____			

#### HHSC Use Only

Name of Licensing Staff Completing Adverse Action Record Sharing (AARS) System Check:		Mail Code:
Date Form Received:	Date AARS Check Completed:	AARS Status: <input type="radio"/> Cleared <input type="radio"/> Match

**Applicant Information**

First Name:		Middle Name:		Last Name:		Suffix:	
Other names used (married, maiden, etc.)							
First Name:		Middle Name:		Last Name:		Suffix:	
Date of Birth:	Driver License No.:		Driver License State:		Social Security No.:		
Individual's Address (Street, City, State and ZIP Code):						Area Code and Telephone No.:	
Title, Position or Relationship: <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Director <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							
Effective Date of Title, Position or Relationship:							
If person is associated with a child placing agency, indicate if the person is associated with the main or branch office: <input type="radio"/> Main <input type="radio"/> Branch    If branch, what number:							

**Applicant Information**

First Name:		Middle Name:		Last Name:		Suffix:	
Other names used (married, maiden, etc.)							
First Name:		Middle Name:		Last Name:		Suffix:	
Date of Birth:	Driver License No.:		Driver License State:		Social Security No.:		
Individual's Address (Street, City, State and ZIP Code):						Area Code and Telephone No.:	
Title, Position or Relationship: <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Director <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							
Effective Date of Title, Position or Relationship:							
If person is associated with a child placing agency, indicate if the person is associated with the main or branch office: <input type="radio"/> Main <input type="radio"/> Branch    If branch, what number:							

### Applicant Information

First Name:		Middle Name:		Last Name:		Suffix:	
Other names used (married, maiden, etc.)							
First Name:		Middle Name:		Last Name:		Suffix:	
Date of Birth:	Driver License No.:		Driver License State:		Social Security No.:		
Individual's Address (Street, City, State and ZIP Code):					Area Code and Telephone No.:		
Title, Position or Relationship: <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Director <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							
Effective Date of Title, Position or Relationship:							
If person is associated with a child placing agency, indicate if the person is associated with the main or branch office: <input type="radio"/> Main <input type="radio"/> Branch    If branch, what number:							

### Applicant Information

First Name:		Middle Name:		Last Name:		Suffix:	
Other names used (married, maiden, etc.)							
First Name:		Middle Name:		Last Name:		Suffix:	
Date of Birth:	Driver License No.:		Driver License State:		Social Security No.:		
Individual's Address (Street, City, State and ZIP Code):					Area Code and Telephone No.:		
Title, Position or Relationship: <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Director <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							
Effective Date of Title, Position or Relationship:							
If person is associated with a child placing agency, indicate if the person is associated with the main or branch office: <input type="radio"/> Main <input type="radio"/> Branch    If branch, what number:							

### Applicant Information

First Name:		Middle Name:		Last Name:		Suffix:	
Other names used (married, maiden, etc.)							
First Name:		Middle Name:		Last Name:		Suffix:	
Date of Birth:	Driver License No.:		Driver License State:		Social Security No.:		
Individual's Address (Street, City, State and ZIP Code):					Area Code and Telephone No.:		
<p>Title, Position or Relationship:</p> <p> <input type="checkbox"/> Licensed Administrator      <input type="checkbox"/> Governing Body Member      <input type="checkbox"/> Primary Caregiver in Child Care Home  <input type="checkbox"/> Director      <input type="checkbox"/> Chief Executive Officer      <input type="checkbox"/> Spouse of Primary Caregiver  <input type="checkbox"/> Board Member      <input type="checkbox"/> Owner      <input type="checkbox"/> Adult Living in Child Care Home  <input type="checkbox"/> Other: _____ </p>							
Effective Date of Title, Position or Relationship:							
<p>If person is associated with a child placing agency, indicate if the person is associated with the main or branch office:</p> <p> <input type="radio"/> Main    <input type="radio"/> Branch    If branch, what number: </p>							



## Listed Family Home Fee Schedule

State Law requires the Texas Health and Human Services Commission (HHSC) to collect fees for issuing licenses, registrations and listings and for conducting background checks. HHSC deposits the checks it receives in the state's general revenue fund.

Directions: Please send only a **check or money order** for the entire amount (including background check fees). **Do NOT send cash.**

**Make check or money order payable to:** Texas Health and Human Services Commission

**Mail this completed form and your check or money order to:**

Texas Health and Human Services Commission Accounts Receivable  
P.O. Box 149055  
Austin, TX 78714-9055

**Keep a copy of your canceled check or money order for your records. No receipt will be sent.**

**This form and your payment will be returned to you if:** the form is blank or incomplete, you do not send the correct fee amount, or you send cash.

**Fee Definitions:** 40 Texas Administrative Code §745.505 establishes the following fee schedule:

**Initial Application/Request Listing Fee:** A nonrefundable fee of \$20 when the listing is requested. The fee is paid when the listing is requested.

**Annual Listing Renewal Fee:** A \$20 fee for a listed operation. The fee is paid by the anniversary date of issuance.

**Background Check Fee:** A \$2 fee per person, paid each time a Criminal History and Central Registry background check is requested.

The law requires that if a home fails to pay the annual listing fee when due, the listing will be suspended until the fee is paid. This means children must not be in care at the home until the suspension is lifted. If you do not pay the fee within six months of your listing being automatically suspended, your listing will be automatically revoked.

If you receive a payment from a child care subsidy program, you will not receive a subsidy payment if your listing is suspended or revoked.

Operation Information			
<input type="checkbox"/> Please check if this is a change of address		<input type="checkbox"/> Check box if this is a new operation	
Name:	Operation Number (on your permit):	Telephone Number:	
Street Address:	City:	County:	ZIP Code
Email Address			

Fees		
Service Code	Type of Fee Being Paid	Amount
529200990	<input type="checkbox"/> Listing Request Fee - \$20	
529200990	<input type="checkbox"/> Annual Listing Renewal Fee - \$20	
529200988	<input type="checkbox"/> Background Check Fee	Number of Persons being checked: X2
<b>Total Amount of Fees Paid:</b>		





**LISTED HOME APPLICATION INSTRUCTIONS/CHECKLIST**

Please ensure that the following documents accompany your application and **all** information or "N/A" is entered in each section. Any blanks in the application will result in delays and will be returned to you for correction. Sign and date each form as applicable.

**\*\*\*\*Your application (Form 2986) will not be accepted if any of the following are missing\*\*\*\***

- Form 2986 – Listing Request**
- Form 2971 – Request For Background Check/FBI Fingerprinting**  
This form is needed for the applicant and each household member that is age 14 years and older as well as other adults who will assist you.
- Form 2760 - Controlling Person Form**  
This form is needed for applicant and applicant's spouse.
- Form 3008 – A copy of the Listed Family Home Fee Schedule & check or money order must be submitted with the application packet**  
If you decide to withdraw your application your fees are **NON-REFUNDABLE**

Mail \$20.00 fee & background fees with Form 3008 in the enclosed envelope address to:

Texas Health and Human Services Commission  
Accounts Receivable  
PO Box 149055  
Austin, TX 78714-9055

**MAIL APPLICATION AND ALL OTHER REQUIRED ITEMS LISTED ABOVE TO:**

=====  
	Texas Health and Human Services Commission	
	ATTN: Norma Ogden	
	CHILD CARE LICENSING	
	PO Box 23990 Mail Code: 278-5	
	San Antonio, TX 78223-0990	
=====

Listed

(English Packet)