



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:

Current email address and phone number: _____

Current mailing address: _____

List any prior convictions with the approximate date: _____

List any pending legal charges: _____

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

My birth date is: _____

My Texas Department of Public Safety (TDPS) driver license or TDPS identification card number is: _____

Any non-Texas identification requires my Social Security Number: _____

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/Designee

Ombudsman Program/Area Agency on Aging

Date

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