

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 Department of Aging and Disability Services Long-term Care Ombudsman Program (LTCOP) to perform an initial criminal history check and periodic checks thereafter. Volunteers and staff must immediately report criminal charges, indictments or convictions to the LTCOP. All names ever used by the applicant must be disclosed.

I, \_\_\_\_\_, authorize the Long-Term Care Ombudsman Program to request a criminal history check on me to serve as a:

Certified Volunteer Ombudsman     Certified Staff Ombudsman     Friendly Visitor     Other \_\_\_\_\_

List every name ever used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any pending legal charges: \_\_\_\_\_

Current or previous related license or certification: \_\_\_\_\_.

My birth date is: \_\_\_\_\_.

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

An out-of-state license requires my Social Security number: \_\_\_\_\_.

I certify the information listed above is correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed by the local Long-term Care Ombudsman Program:**

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