

## **Instructions for Relative Child Care Providers on Completing Required Texas Department of Family and Protective Services Forms**

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### **General Instructions:**

You must submit the following forms to the Texas Department of Family and Protective Services (DFPS) Local Child Care Licensing Office:

- Listing Request, Form 2986; and
- Request for Criminal History and Central Registry Check, Form 2971.

You must submit the following form, along with a \$20 application fee, to the DFPS Accounting Division in Austin, Texas (address provided in detailed instructions below):

- Child Care Fee Schedule, Form 2988.

The forms must be filled out completely. Any form not fully completed will be returned to you, and DFPS will not process your application until all of the requested information is provided.

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### **Listing Request, Form 2986**

**General Instructions:** Do not leave any blanks. Write *none*, *not applicable*, or *NA* if an item does not apply. If the question is a required yes or no question, check either *Yes* or *No*; do not leave the answer blank.

**Your Information:** Provide your name, address (including mailing address), telephone number, date of birth, Social Security number, and Texas Driver's License number.

Note: For Social Security number and Texas Driver's License number, indicate if you do not have a Social Security number or a Texas Driver's License, or if your driver's license is out-of-state.

1. List each individual 14 years of age or older who will regularly or frequently be present, staying, or working at the home while the children are in care.

**Important:** Submit the Request for Criminal History and Central Registry Check, Form 2971, on yourself, and *all* individuals listed in question #1 of the Listing Request, Form 2986.

2. Check either *Yes* or *No* if other individuals not listed in #1 will assist you in caring for children in the home. If *Yes*, provide each individual's name, address, telephone number, Social Security number, and Texas Driver's License number (if available). Add these individuals to the Request for Criminal History and Central Registry Check, Form 2971.

**Important:** Although other individuals may assist you in caring for an eligible child, the Texas Workforce Commission and the Local Workforce Development Board cannot reimburse those individuals. Additionally, you must be present in the home when those individuals provide care.

- 3A.** Check *Yes* to indicate that you are requesting to be listed in order to receive a federal child care subsidy.
- 3B-C.** Indicate whether you are caring for children who are not related to you and the number of related and unrelated children you are caring for or intend to care for.
- 4.** Check either *Yes* or *No* if you have ever been licensed, registered, or listed as a child care provider by any agency of the State of Texas. If *Yes*, provide information on your previous license or registration.
- 5.** Information for the DFPS Web site is required. Information regarding your operation and its compliance history will be posted on the DFPS Web site. However, the information requested in *Services Offered* and *Directions to Location* under this question is optional.

**Signature and Date:** You must sign and date the form.

**Mailing Instructions:** Mail this form to **your DFPS Local Licensing Office**. Texas Workforce Center staff can provide you a list of addresses for DFPS Local Child Care Licensing Offices.

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### **Request for Criminal History and Central Registry Check, Form 2971**

**General Instructions:** Do not leave any blanks. Write *none*, *not applicable*, or *N/A* if an item does not apply. If the question is a required yes or no question, check either *Yes* or *No*; do not leave the answer blank.

**Your Information:** Provide your name as the Operation Name. This must be the same name as appears on the Listing Request, Form 2986.

Write *N/A* for the Operation Number. This number will be provided to you upon approval of your listing permit by DFPS.

Provide the street address, mailing address, county, and telephone number that you provided on the Listing Request, Form 2986.

**Signature and Date:** You must sign and date this form.

**Individuals for Whom a Background Check Is Requested:** Complete information for yourself and each individual listed in questions #1 and #2 on the Listing Request, Form 2986.

Note: This form provides the space necessary for information on up to three individuals. Fill out as many copies of page two as necessary if there are more than three individuals requiring a background check.

- Indicate that this is an *Initial* background check.
- Provide the Social Security number and Texas Driver's License or other ID number.
- Provide the individual's name as it appears on the Listing Request, Form 2986.
- Provide the individual's street address, county, and telephone number.
- Provide the individual's date of birth and gender.

- List every town and city in Texas where the individual has lived since the age of 14.
- Provide the date when the individual began living in or frequenting your home.
- Provide the race and ethnicity of the individual.
- Provide all other names (married, maiden, etc.,) that the individual may have used.

**Mailing Instructions:** Mail this form to **your DFPS Local Licensing Office**. Texas Workforce Center staff can provide you a list of addresses for DFPS Local Child Care Licensing Offices.

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### **Child Care Fee Schedule, Form 2988**

**Your Information:** Provide your name as the Operation Name. This must be the same name as appears on the Listing Request, Form 2986.

Write *N/A* for the Operation Number. This number will be provided to you upon approval of your listing permit by DFPS.

Provide the street address, mailing address, county, and telephone number that you provided on the Listing Request, Form 2986.

Provide the DFPS District—i.e., the areas, Central Texas, North Texas, etc., specified on the list of addresses for DFPS Local Child Care Licensing Offices. Texas Workforce Center staff can provide this list to you.

#### **Type of Fee Being Paid:**

Check the Listing Request Fee box. Write **\$20** in the space provided.

Total Amount of Fees Paid: **\$20**.

**Note:** This \$20 fee includes the background check and you are not required to pay any additional fees for multiple background checks.

**Mailing Instructions:** Do not send cash. Personal checks are accepted. Make checks payable to the Texas Department of Family and Protective Services.

Attach the \$20 fee to your completed Child Care Fee Schedule, Form 2988, and mail it to the address below. This is the *only* form that you mail to this address. All other forms must be mailed to your DFPS Local Child Care Licensing Office.

**Texas Department of Family and Protective Services**  
**Accounting Division E-672**  
**P.O. Box 149030**  
**Austin, Texas 78714-9030**

*You are encouraged to keep a copy of the completed forms and payment information for your records.*