



**APPLICATION FOR BACKGROUND CHECK - REGISTERED CARE**

Type of Caregiver: (please check one)

<input type="checkbox"/>	Primary Caregiver
<input type="checkbox"/>	Secondary Caregiver
<input type="checkbox"/>	Volunteer

**1. Please Choose a Food Sponsor:**

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Representative: \_\_\_\_\_

**2. INFORMATION ABOUT THE APPLICANT / CAREGIVER:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Please include any aliases/AKA \_\_\_\_\_

Mailing Address: Number (or PO Box), Street, City, State and Postal Code - *THIS MUST BE THE MAILING ADDRESS*

Street Address: Number, Street, City, State and Postal Code - *THIS MUST BE THE PHYSICAL ADDRESS*

Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security Number: _____	Date of Birth _____	Place of Birth: _____	Sex: (circle one) Male Female	Marital Status: (circle one) Single Married Separated Divorced Widowed
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**3. INFORMATION ON CURRENT ADULT HOUSEHOLD MEMBERS (All adults over 18 years of age residing in a caregiver's home will undergo screens to identify any disqualifying events)**

First Name:	Middle Name:	Last Name:	Social Security:	Date of Birth:	Relationship:	Sex (M/F)
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____

Include additional sheets if necessary

<b>4. Employment History (past ten years, include dates of employment / explain gaps in employment)</b>	<b>5. Educational History (list most recent first) University, College, Vocational Training, and High School)</b>
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Name of Employer	Dates Employed	Name of Institution	Dates Attended
a. _____	_____	a. _____	_____
b. _____	_____	b. _____	_____
c. _____	_____	c. _____	_____
d. _____	_____	d. _____	_____

Include additional sheets if necessary

Include additional sheets if necessary

**6. COLLATERAL INFORMATION TO BE USED FOR ABUSE / NEGLECT SCREEN:**

Previous Addresses

Street Address: Number, Street, City, State, Postal Code and Dates - *PLEASE LIST PAST TEN YEARS OF ADDRESSES*

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Include additional sheets if necessary

**7. ALL HOUSEHOLD MEMBERS THAT HAVE LIVED WITH YOU WITHIN THE LAST TEN YEARS (list all adults and children)**

First Name:	Middle Name:	Last Name:	Social Security Number:	Date of Birth:	Relationship:	Sex (M. F.)
a. _____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____	_____

Include additional sheets if necessary

**Official Use Only - Must be signed by CYFD Representative**

**APPROVAL OF REGISTERED CARE:**

*This application has been reviewed under the applicable regulations found at 8.8.3 NMAC General Provisions, Governing Background Checks and Employment History Verification, and a determination has been made that this applicant can proceed to registration. Any changes to this application must be immediately reported to CYFD for a determination that the applicant continues to meet the criteria set forth in 8.8.3 NMAC.*

\_\_\_\_\_  
Larry Romero, General Operations Manager

\_\_\_\_\_  
Date

**APPLICATION FOR BACKGROUND CHECK - REGISTERED CARE**

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**8. INTERACTION WITH CYFD**

a. Have you ever been denied a background check from CYFD or another state or federal licensing agency of any kind?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, you must provide a detailed explanation of the circumstances.

b. Have you ever been the subject of a CYFD or other state social service agency investigation of abuse/neglect of children or adults as the alleged perpetrator or household member? Note: If you do not understand this question, seek clarification. Failure to answer this question truthfully may lead to a denial of your application.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, you must provide a detailed explanation of the circumstances of each investigation, date and outcome.

**9. INTERACTION WITH LAW ENFORCEMENT**

Have you ever been charged with, arrested for, or convicted of a crime?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If Yes:  
When? \_\_\_\_\_

Where? \_\_\_\_\_

List the name of the crime you were charged with:

\_\_\_\_\_

What was the disposition (outcome)? Please attach copies of the Court Judgment.

\_\_\_\_\_

Explain the circumstances surrounding the criminal charges, arrest or conviction:

\_\_\_\_\_

**10. APPLICANT SIGNATURE**

I, \_\_\_\_\_, hereby affirm under penalty of perjury that all the answers given on this application are true and accurate to the best of my knowledge. By signing this affirmation, I am acknowledging that any falsehoods, omissions, or intentionally misleading answers will be grounds for denial. If I do not understand any of the questions, I will seek help and ask for more information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date