OCCASIONAL CHILD CARE PLAN
for

_____

Instructions: Please complete the following information for each Occasional Caregiver. In addition, please have the caregiver complete the attached **Criminal History/CANRIS Check Consent Form** and FBI.

Name of Child Care Provider _____

Address _____

Telephone _____

Your Relationship? _____

How long have you known this person? _____

What is their child care experience? _____

_____

Place of Supervision _____

Address _____
If different from above

Telephone _____
If different from above

Reason for Supervision _____

_____

How often is child care needed? _____

_____

CRIMINAL HISTORY/CENTRAL REGISTRY CHECK CONSENT FORM

I authorize Anchor Family Services, Inc. to execute a criminal history check.

_____	_____
Foster Parent Signature	**Witness Signature**
_____	_____
Printed Name of Foster Parent	**Printed Name of Witness**
_____	_____
Date	**Date**

Information needed for Criminal History/Central Registry Check

Name: (Last, First, Middle) _____

Other Names: (Maiden, Married, etc.) _____

Sex: Male Female (*Please circle one)* **Date of Birth:** _____

Race/Ethnicity: *(Please circle one)* Black White Hispanic Oriental

Social Security Number: _____

Driver's License #: _____

List other cities in Texas where there has been residency

_____ _____

_____ _____

Current Street Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

Telephone: _____