

BACKGROUND STUDY: CONSENT AND REQUEST FOR LAW ENFORCEMENT/AGENCY RECORDS

TO: Bureau of Criminal Apprehension, County Social Services, Law Enforcement and Court

FROM: Adult Foster Care Licensor/Child Care Licensor, Jody Dahlen, LSW

The individual identified below has applied for adult foster care or is a household member, or is seeking employment or volunteer work in a licensed home. The Human Services Licensing Act requires that licensing agencies conduct an applicant background study (investigation) on all members of the applicant's household, 13 years of age and older, ages 10-12 with reasonable cause, employees, substitute caregivers, and volunteers. Records will be requested from the Minnesota Bureau of Criminal Apprehension, Law Enforcement agencies and Court. Information will also be requested from county social service agencies pertaining to substantiated reports of maltreatment of children or adults and the juvenile courts of information on persons age 13 and over, ages 10-12 with reasonable cause. This information is required in order to complete an application for Adult Foster Care Licensing. MN Chapter 245C. Please respond ASAP. Thank you.

I hereby acknowledge notice that this study will be done and give my consent to any of the above-listed (named) agencies, offices, departments and Court to release any data of which I am the subject, whether such data is private or public. A photo copy of this form shall be accepted in place of the original.

PLEASE PRINT – FULL LEGAL NAME

Last First Full Middle Name Maiden/Former/Previous Married/Alias

Date of Birth Sex County of Current Residence

Drivers License Number (required) Race Phone Social Security Number

Street Address City State Zip

Signature Date

CHECK ALL THAT APPLY - This person is applying for: () Licensing () Relicensing () Employment
() Substitute Care Provider () Household member or spouse of applicant

Name of License Holder, if different than above

I have continuously resided at the above address for 5 years or more. ____Yes ____No

If no, please list city, county and state where you have resided during the last 5 years including college addresses, south for the winter, etc.

Address	City	County	State	Dates residing at address

*****Otter Tail County Social Services use only*****

Date 15 day notification sent to subject and/or license holder _____

Date clearance notification sent to subject and/or license holder _____

***** For Agency Use Only *****

NOTICE TO LAW ENFORCEMENT/COURT - PLEASE REVIEW CRIMINAL CONVICTION DATA, ARREST, INVESTIGATIVE INFORMATION, CRIMINAL HISTORY AND DOCUMENT.

Information requested is as follows:

Agency Representative

Agency

Date

NOTICE TO SOCIAL SERVICE AGENCIES - PLEASE REVIEW THIS FORM, CHECK ONE OF THE APPROPRIATE BOXES, AND SEND DOCUMENTATION AS NECESSARY.

The Adult Protection Unit has no knowledge of substantiated Vulnerable Adult Reports regarding the person listed above.

The Child Protection Unit has no knowledge of substantiated Child Protection Reports regarding the person listed above.

OTHER _____

Contact _____ for more information.

Signature of Vulnerable Adult Worker / Agency Representative

Date

Signature of Child Protection Worker / Agency Representative

Date

Return to: OTTER TAIL COUNTY HUMAN SERVICES, 530 FIR AVE W, FERGUS FALLS, MN 56537