

OTTER TAIL COUNTY HUMAN SERVICES
530 FIR AVE WEST, FERGUS FALLS, MN 56537
218-998-8150

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

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

FROM: Child Foster Care Licensor, Carla Johnson-Rownd

The individual identified below has applied for child 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, volunteers and individuals who may have unsupervised access to children receiving services in the program, when the Commissioner has reasonable cause. Records will be requested from the Federal Bureau of Investigation, Minnesota Bureau of Criminal Apprehension, Law Enforcement agencies and Court. Information will also be requested from county social service agencies. This information is required in order to complete an application for Child 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	Phone
Drivers License Number (required)	Race	Social Security Number	
Street Address	City	State	Zip

Signature **If Juvenile- Parent or Guardian Signature required also** Date

CHECK ALL THAT APPLY - This person is applying for: Licensing Relicensing Employment

Substitute Care Provider Household member or spouse of applicant Other _____

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 Human 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 Vulnerable Adult Worker has no knowledge of substantiated Vulnerable Adult Reports regarding the persons listed above.

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

OTHER _____

Contact _____ for more information.

Signature of Vulnerable Adult Worker / Agency Representative

Date

Signature of Child Protection Worker / Agency Representative

Date

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