



**BACKGROUND STUDY NOTIFICATION
 CONSENT AND REQUEST FOR LAW ENFORCEMENT AND AGENCY RECORDS**

Date:	To:	
Do not complete - BCA Worker Only		

Family Daycare Licensor _____	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Licensed	
COUNTY WORKER _____	<input type="checkbox"/> Initial	<input type="checkbox"/> Previously Run	Date Sent to Applicant _____

This records check is being conducted in connection with child foster care or family day care licensing. 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 and upon others who might have unsupervised access to foster care or day care children. Records will be requested from the Minnesota Bureau of Criminal Apprehension and other law enforcement agencies. Information will also be requested from county social service agencies pertaining to report of maltreatment of children and/or adults and regarding any present or former adult or child foster care or family daycare from designated county or agency. This information is required in order to complete an application for child foster care or family daycare licensing. MN Chapter 245C.04, Subd. 3. Please respond as soon as possible. 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, and departments to release any data of which I am the subject, whether such data is private or public. I understand that if I do not receive the results of this study within 15 working days, more time is needed to conduct the study. A photocopy of this form shall be accepted in place of the original. **Please complete this document and return it to the worker identified above.**

PLEASE PRINT - FULL NAME

Last Name	First Name	Full Middle Name	Maiden/former/previous married name(s)		
Street Address (including PO Box if applicable), City, State, Zip Code					Within City Limits?
Date of Birth	Social Security Number	Driver's License Number	Gender - M / F	Race	County
Phone Number:					
Home: (_____) _____ - _____		Work: (_____) _____ - _____		Cell: (_____) _____ - _____	

PREVIOUS ADDRESSES (past five years) *Additional Addresses - please complete 2nd form

Street Address	City	County	State	Zip	Dates	Within City limits?
Street Address	City	County	State	Zip	Dates	Within City limits?
Street Address	City	County	State	Zip	Dates	Within City limits?

Signature of Consent for Records Check (Parent's Signature, if minor)

Date

Home in which care is being provided:

Provider's Name & Address:

***This section to be completed by agency furnishing information:**

We have no information () Information attached ()

Signature		Title	
Date		Agency	
Comments:			