

Authorization for Release of Information from the Bureau of Criminal Apprehension

This section is to be completed by worker handling request for information.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Bureau of Criminal Apprehension to release the information identified in connection with the evaluation of my application for licensure of, or continued licensure of, one or more of the following: (check as appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Family Foster Home | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> Family Day Care Home | <input type="checkbox"/> Child-Placing Agency |
| <input type="checkbox"/> Adult Foster Care | |

The information may be released to the Minnesota Department of Human Services and the following agency:

Name of County Welfare Department, Human Service Board or Private Child-Placing Agency		
Address		
City	State	Zip
Name of worker handling request for information		

NATURE OF INFORMATION TO BE DISCLOSED

All criminal history conviction data for the specified individual.

Per MN Statutes 245A.04: all adult arrest data, court data, and all adult and juvenile convictions.

Name of family, facility or agency requesting licensure if different from subject:


Last	First	Middle
Address		
City	State	Zip

THE EXPIRATION DATE OF THIS AUTHORIZATION SHALL BE ONE YEAR FROM THE SIGNATURE DATE.

This section is to be completed by individual giving permission to release information.

IDENTIFYING INFORMATION

Name of individual on whom information is requested*

Last		First		Middle	
Previous Names and Aliases Used					
Address					
City		County		State	Zip
Date of Birth:		Driver's License Number		Social Security Number (Optional)	
Signature 				Date	

List all places of residence for the past five years.


Address			
City	County	State	Zip
Address			
City	County	State	Zip
Address			
City	County	State	Zip

Race: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> White (includes Hispanic, Latin Americans) | <input type="checkbox"/> Black |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> All Others | |

This section is to be completed by the Bureau of Criminal Apprehension.

INFORMATION REQUESTED IS AS FOLLOWS:

Signature 		Title	
Agency		Date	

BACKGROUND STUDY QUESTIONNAIRE

- Child Foster Care Adult Foster Care
 Licensed Child Care Registered Child Care

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Have you:

1. Abused prescription drugs, controlled substances or alcohol?
 Yes No

If yes, were these used to the extent that it may have a negative effect on the ability of the provider to give care, or is apparent while the children are in care?

Yes No

2. Received treatment or counseling for chemical dependency, alcohol, or drugs?
 Yes No

If yes, when? _____ Where? _____

3. Had a diagnosis of any mental illness?
 Yes No

If yes, does the behavior have a negative effect on the ability of the provider to give care or is it apparent during the hours the children are in care?

Yes No

4. Received treatment for any mental illness?
 Yes No

If yes, when? _____ Where? _____

5. Been convicted of any crimes or anticipating crimes?
 Yes No

If yes, when? _____ Where? _____

6. Admitted to or a preponderance of the evidence indicated that the individual had committed a crime?
 Yes No

If yes, when? _____ Where? _____

7. Had a conviction of, admitted to, or has there been a preponderance of evidence indicating neglect, physical abuse, or sexual abuse?

Yes No

If yes, when? _____ Where? _____

8. Been identified as the perpetrator of abuse or neglect of vulnerable adults?

Yes No

If yes, when? _____ Where? _____

9. Had parental rights terminated involuntarily?

Yes No

If yes, when? _____ Where? _____

10. Had a child placed in foster care within the past 12 months?

Yes No

11. Had a child placed in residential treatment for emotional disturbance or antisocial behavior?

Yes No

12. Used services for developmental disabilities?

Yes No

I have read this form and the information provided is true and correct.

Applicant Signature

Date

Applicant Signature

Date