

POPE COUNTY HUMAN SERVICES  
211 EAST MINNESOTA AVENUE, SUITE 200  
GLENWOOD, MN 56334  
(320) 634-5750 FAX (320) 634-0164

P O P E MINNESOTA  
C O U N T Y



\*For agency use only

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Re: **Consent and Request for Law Enforcement & Agency Records**

For: \_\_\_\_\_ DOB: \_\_\_\_\_

Pursuant to Minnesota Statute, a background study is being done on the individual(s) listed above for the purposes of licensing for family day care, foster care, or adult foster care. Pursuant to Pope County policies, a background study is also required for becoming a registered child care provider. **Minnesota Statutes require that our agency request all information from your agency pertaining to substantiated maltreatment of children or vulnerable adults perpetrated by this individual and /or criminal activity committed by this individual. We are also requesting any licensing history that your agency has regarding this individual.**

Enclosed please find a signed "Consent and Release for Law Enforcement & Agency Records" form for the above named individual(s). Please review your records and complete the bottom portion of the attached form.

Thank you for your assistance in this matter.

**POPE COUNTY HUMAN SERVICES**  
 211 East Minnesota Avenue, Suite 200, Glenwood, MN 56334

Initial  
 Re-Check

**Consent and Release for Law Enforcement & Agency Records**

The individual identified below has applied for family day care/foster care licensing, to become a registered child care provider, does reside in a family day care home/foster care home, or has been identified as an emergency backup/substitute/assistant to a licensed provider. The Human Services Licensing Act, MN Statute section 245A.04, requires that our agency conduct a background study (Investigation) on all members of the applicant's household over the age of 13 and all substitute/temporary assistants. (Pope County Human Services Policy requires that the check be completed for registered child care providers.) This does include delinquency juvenile record checks for all members of a family day care/child foster care/adult foster care/registered child care home ages 13 through and including age 23. Records will be requested from the Minnesota Bureau of Criminal Apprehension and other law enforcement agencies and courts. The information will also be requested from social service agencies pertaining to reports of maltreatment of children or adults and any licensing history. This information is required in order to complete an application for family day care/foster care licensing and child care registration.

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, including courts, to release any data of which I am the subject, whether such data is private or public. I also consent to release of records regarding any present or former family day care/foster care from designated counties or agencies.

A photocopy of this form shall be accepted in place of the original. **(PLEASE PRINT)**

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME (full name, not initial)</b>	
<b>MAIDEN NAME</b>		<b>FORMER/PREVIOUS NAMES</b>		<b>RACE (optional)</b>	
<b>DATE OF BIRTH</b>		<b>TELEPHONE NUMBER</b>		<b>SOCIAL SECURITY #</b>	
				(circle one) <b>MALE</b> <b>FEMALE</b>	
<b>ADDRESS</b>			<b>CITY</b>		<b>STATE &amp; ZIP CODE</b>

Licensed Provider is: \_\_\_\_\_

If you have lived at your current residence less than 5 years, list previous residences for the past 5 years, including County and State.

<b>Street Mailing Address</b>	<b>City, State, Zip</b>	<b>County</b>	<b>Dates</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Guardian/Parent if Subject is a Minor: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AGENCY USE ONLY**

**NOTICE TO LAW ENFORCEMENT/AGENCY/COURT:** Please review criminal data, assaults, arrest & investigative information, and delinquency adjudications and attach documentation. If there are no records or information, involving this individual, please so note. Thank you.

Date: \_\_\_\_\_ Law Enforcement/Agency/Court  
 Signature & Title: \_\_\_\_\_