

WADENA COUNTY SOCIAL SERVICE DEPARTMENT
124 First Street SE
Wadena, MN 56482
218/631-7605

CONSENT AND REQUEST FOR LAW ENFORCEMENT AND AGENCY RECORDS

The individual identified below has applied for family day care/foster care licensing, 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 family day care/foster care licensing agencies conduct a background study (investigation) on all members of the applicant's household age 13 and older, or persons age 10 to 12 where there is reasonable cause, and all substitute/temporary assistants. This does include delinquency juvenile record checks for all members of a family day care/child foster care/adult foster care home ages 13 through and including age 22. Records will be requested from the Minnesota Bureau of Criminal Apprehension and other law enforcement agencies. The information will also be requested from county social service agencies pertaining to reports of maltreatment of children or adults. This information is required in order to complete an application for family day care/foster care licensing.

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 county or agency.

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

Last Name		First Name		Middle Name	
Maiden Name		Former/Previous Married Name			
All Other Names By Which Subject Has Been Known			Driver's License or State Identification Number		
Date of Birth	Race (Optional)	Social Security Number		(Circle One)	
				Male	Female
Address		City		State & Zip	

Licensed Provider is: _____

How long have you lived in Wadena County? _____ How long have you lived at your current residence? _____
 If you have lived at your current residence less than 5 years, list previous residences for the past 5 years, including County & State.

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

Signature: _____ Date: _____

FOR AGENCY USE ONLY

NOTICE TO LAW ENFORCEMENT/AGENCY/COURT: PLEASE REVIEW CRIMINAL CONVICTION DATA, ASSAULTS, ARREST AND INVESTIGATIVE INFORMATION, AND DELINQUENCY ADJUDICATIONS AND ATTACH DOCUMENTATION. IF THERE ARE NO RECORDS OR INFORMATION INVOLVING THIS INDIVIDUAL, PLEASE SO NOTE AND PROVIDE US WITH THAT INFORMATION.

Date: _____ Law Enforcement/Agency/Court Signature & Title: _____

After a search of agency records, no information was found that would indicate that maltreatment was substantiated in Wadena County.

_____ Date

The vulnerable adult worker has no knowledge of substantiated vulnerable adult reports regarding the person listed above.

_____ Date

Worker Requesting Data _____ Date