Minnesota Department of Human Services — Child Foster Care (Cl Background Study le **Submit this form with fingerprint card(s) after background	dentification F	orm	ntered in NETStud	dy**
Name of County or Private Agency	"Facility ID" "Facility ID"			
Name of Sensitive Background Study Information Person Telephone Number	-	-		_
Fingerprints / Background study requests have been submNew CFC application;Adoption (PleasePerson newly affiliated with currently licensed child fos	e expedite. He		.	ense
Holder and license number) Emergency relative placement currently in home.		neck here if pe	ending application	n
Studies have been submitted in NETStudy on the following individuals: First Middle Last Name	Date of Birth	Check if fingerprints submitted	Check if applicant/License Holder	Check if household member or other
Previous OUT OF STATE Residences— Provide provious address for any individual who resided in				

Provide previous address for any individual who resided in another state within the last five years. A check of the other state's child abuse and neglect registry is required. Use back of form if additional space is needed.

Name:	Street Address:	City, State, Zip

Private agencies: The required consent for release of information from FBI national crime information databases to private child placing agency is enclosed.

County and private agencies: Consent for release of information from child abuse and neglect registry in other state is enclosed. **Only required when background study subject resided outside Minnesota within last five years.**

(Go to www.DHS.State.MN.US/Licensing, click on "Background Studies" to download consent forms.)

Return this form with the required fingerprint card(s) and signed consents for release of information to:
Department of Human Services: Background Studies Division
PO Box 64172
Saint Paul, Minnesota 55164-0172