

KANABEC COUNTY FAMILY SERVICE AGENCY

PUBLIC SERVICE BUILDING

905 Forest Avenue East ♦ Suite 150

MORA, MINNESOTA 55051

FAMILY SERVICE: 320/679-6350 FAX: 320/679-6351

An Equal Opportunity Employer

NOTIFICATION OF BACKGROUND STUDY FOR FAMILY CHILD CARE

Pursuant to MN Statutes 245C.08 Kanabec County Family Services shall review the following: information from county agency records of substantiated maltreatment of adults and maltreatment of minors, information from juvenile courts, and information from the Bureau of Criminal Apprehension. For any background study completed, if the commissioner has reasonable cause to believe the information is pertinent to the disqualification of an individual, the commissioner may also review arrest and investigative information from: the Bureau of Criminal Apprehension, the commissioner of health, a county attorney, a county sheriff, a county agency, a local chief of police, other states, the courts, the Federal Bureau of Investigation, the National Criminal Records Repository, criminal records from other states and juvenile court records.

This will authorize any individual, facility, organization, or other entity having any knowledge whatsoever of my past or present circumstances, including specifically any information concerning maltreatment records and criminal background I may have, to release all such information to Kanabec County Social Services upon request. A photocopy or fax of this notification shall be as valid as the signed original.

Please note that if you do not receive the results of your background study within 15 working days, more time is needed to complete the study.

Per MN Statutes 245C.05 subd 6, notice is hereby given that the applicant or license holder shall help with the background study by giving the commissioner criminal conviction data and reports about the maltreatment of adults and minors. Further, if the applicant or license holder receives information about the possible criminal or maltreatment history of an individual who is the subject of the background study, that person must immediately provide the information to the commissioner.

Requested by **Katie Heacock**, Kanabec County Family Services Licenser.

KANABEC COUNTY FAMILY SERVICES AUTHORIZATION FOR FAMILY CHILD CARE BACKGROUND STUDY

OFFICE USE ONLY
DATE: _____

LICENSE HOLDER'S NAME: _____

The individual named below is the: Applicant for Licensure Household Member Substitute Caregiver
 New Employee Existing Employee Other (describe): _____

NAME: _____

Last Name
First Name
Middle Name
All Previous/Maiden/Married Names

DATE OF BIRTH: _____ Male Female DRIVER'S LICENSE NUMBER: _____

ADDRESS: _____

Street
City
State
Zip
County

HOME PHONE (optional): _____ WORK PHONE (optional): _____

SOCIAL SECURITY NUMBER (optional): _____ RACE (optional): _____

HAVE YOU RESIDED AT THE ABOVE ADDRESS FOR OVER 5 YEARS? YES NO
 IF NO, PLEASE LIST THE CITY, COUNTY AND STATE WHERE YOU MAINTAINED RESIDENCE DURING THE LAST 5 YEARS:

CITY	STATE	COUNTY	FROM	TO

I HEREBY AUTHORIZIE THE AGENCIES LISTED ABOVE TO RELEASE THE INFORMATION LISTED BELOW TO KANABEC COUNTY SOCIAL SERVICES. I UNDERSTAND THE INFORMATION MAY BE RELEASED TO THE MINNESOTA DEPARTMENT OF HUMAN SERVICES.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT (if individual is under 18 years): _____

OFFICE USE ONLY		
AGENCY: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____

We Have No Information Information Attached

FOR CHECKING AGENCY USE ONLY			
BCA	SOCIAL SERVICES – Child Protection/Maltreatment		
Initials: _____ Date: _____	Initials: _____ Date: _____		
JUVENILE COURT RECORD	SOCIAL SERVICES – Adult Maltreatment		
Initials: _____ Date: _____	Initials: _____ Date: _____		