

ISANTI COUNTY FAMILY SERVICES

Application is for:
[] Initial Licensing
[] Relicensing

NOTIFICATION OF APPLICANT BACKGROUND STUDY
FAMILY CHILD CARE
CONSENT FOR RELEASE OF INFORMATION

OFFICE USE ONLY:
To: _____ Date: _____

This is to notify you that the following agencies will be given the information you provide below to conduct an applicant background study pursuant to Minnesota Statutes, (245C.08): Minnesota Bureau of Criminal Apprehension; County Sheriff's Offices; Local Police Departments; County Social Service Agencies; County Attorney's Offices; District Courts; National Criminal History Repository and agencies in other states holding criminal records. You may refuse to provide the requested information. If you refuse, your application for licensure or your employment will be denied.

If any information of maltreatment assessments, arrests, investigations and/or convictions on disqualifying factors is found, it may be released to Isanti County Family Services. You will be notified of any disqualifiers found. If you are an employee of a licensed child care home, the information will be shared with your employer as well. The information will remain in the file and will be classified as private material unless it is part of a Bureau of Criminal Apprehension Record that is classified public data. A photocopy or fax of this notification shall be as valid as the signed original.

Requested by: Family Child Care Licensor

Please supply all of the following information: PRINT CLEARLY

Licenseholder's Name: _____

The individual named below is the: [] Applicant for Licensure [] Household Member [] Substitute Caregiver
[] New Employee [] Existing Employee [] Other _____

Applicant Name _____
First Full Middle Last Maiden

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Birthdate: _____ Sex: M or F Race: _____

Daytime Phone Number: _____

Driver's License Number: _____

Social Security Number: _____

List other names you have used that are not listed already:

EQUAL OPPORTUNITY EMPLOYER

List all other addresses you have lived at in the past five years:

1. _____

County: _____

2. _____

County: _____

3. _____

County: _____

4. _____

County: _____

5. _____

County: _____

Attach additional sheets if necessary.

I understand that signing this form authorizes Isanti County Family Services to obtain any and all private and public information regarding maltreatment reports, arrests, investigations and/or criminal convictions in regard to myself and those agencies to release such information.

I understand that signing this form authorizes Isanti County Family Services to obtain law enforcement records based upon "Reasonable Cause" statutory criteria.

Signature: _____

Date: _____

This consent for Release of Information expires in one year.

This consent for Release of Information may be revoked. Such revocation must be in writing to be valid.

Return this form to: Day Care Licensor

At: Isanti County Family Services
Oakview Office Complex
1700 E Rum River Dr S., Suite A
Cambridge, MN 55008
763/689-1711

This section to be completed by agency furnishing information:

We have no information ()

Information attached ()

Signed: _____

Title: _____

Date: _____

Agency: _____