

# ISANTI COUNTY FAMILY SERVICES

Application is for:

- Initial Licensing
- Relicensing

## NOTIFICATION OF APPLICANT BACKGROUND STUDY CHILD AND ADULT FOSTER 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.03 Subd.1): 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 in a foster home 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 corporation, the information will be shared with your employer as well. The information will remain in the foster care file and will be classified as private material unless it is part of a Bureau of Criminal Apprehension Record that is classified as public data. A photocopy or fax of this notification shall be as valid as the signed original.

Requested by **Gina Anderson, Adult Foster Care Licensor**

Please supply all of the following information: **PRINT CLEARLY**

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 (Optional) \_\_\_\_\_

Are you an emergency sub or backup for a foster provider? YES NO

If yes, name of provider \_\_\_\_\_

Are you an employee in a corporate foster care site? YES NO

If yes, name of corporation and site \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

-OVER-

EQUAL OPPORTUNITY EMPLOYER

Oakview Office Complex  
1700 E Rum River Drive S, Ste A, Cambridge, MN 55008,

Telephone: (763) 689-1711

Fax: (763) 689-9877

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

- 1. \_\_\_\_\_  
County \_\_\_\_\_
- 2. \_\_\_\_\_  
County \_\_\_\_\_
- 3. \_\_\_\_\_  
County \_\_\_\_\_
- 4. \_\_\_\_\_  
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 authorizes those agencies to release such information.

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: Gina Anderson, Licensing Social Worker  
(763) 689-8165

At: Isanti County Family Services  
Oakview Office Complex  
1700 East Rum River Drive South, Ste A  
Cambridge, Minnesota 55008  
763-689-1711

-----  
This section to be completed by agency furnishing information:

- We have no information ( )
- Information attached ( )

Signed \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Agency \_\_\_\_\_