Minnesota Department of <b>Human Services</b> Child Foster Care (CFo Background Study Ide  **Submit this form with fingerprint card(s) after back	entification Fo ground study	rm request is en		dy**
Name of County or Private Agency White Earth ICW Foster	، Care acility ID" - Use 41	'Facility ID" <u>4</u> IXXX for adoptio	0900 ns / 40XXX for CFC	
Name of Sensitive Background Study Information Person <u>F</u>				_
Telephone Number 218-983-4647				
Fingerprints / Background study requests have been submit	ted for:			
X New CFC application; —_Adoption (Please expedite. Hearing date)				
Person newly affiliated with currently licensed child foster care (If checked, include name of CFC License				
Holder and license number) Check here if pending application				
Emergency relative placement currently in home.				
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 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