



HENNEPIN COUNTY
 HUMAN SERVICES PUBLIC HEALTH DEPARTMENT
 CHILD CARE LICENSING BACKGROUND STUDY CONSENT FORM

Licensed Provider's Name / Licensing Applicant's Name: _____

Licensing Worker: _____ Date: _____

Child Care Facility Address: _____

The Human Services Licensing Act requires that a background study be completed by reviewing relevant records. Information on this form will be used to conduct your background study. You must complete this form if you are: **A)** a licensed provider or applicant to licensed program, **B)** anyone age 13 or older who lives in the program household, **C)** anyone age 13 or older who has unsupervised contact with program participants (including employees, contractors, or volunteers, or **D)** person(s) age 10-12 living in the program household (with reasonable cause). Foster care residents living in the household do not complete this form.

Please type or print in **UPPER CASE LETTERS**

Part I

Last Name		First Name		Full Middle Name		Maiden Name	
Previous Married Names				E-Mail Address (optional)			
Current Street Address				City	State	Zip	County
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race					
Social Security Number		Phone Number			Driver's License or State Identification Number		
<small>(Provision of SSN is optional pursuant to Minn Stat. §245C. SSN is requested for identification purposes, but is not required. It will enhance the speed and accuracy of the background study.)</small>							
I have been a licensed family child care provider before.							<input type="checkbox"/> Yes <input type="checkbox"/> No
I have continuously resided at the above address for five or more years (this question REQUIRED)							<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, list the city, county, state, and dates (month and year) where you maintained residence during the last 5 years. Please do not use a P.O. box.							
From / To	Address			City	County	State	Zip

Part II

Please indicate your role in the child care program:	Provider / Co-Provider	<input type="checkbox"/>	Adult Caregiver	<input type="checkbox"/>	Helper (age 13 to 18)	<input type="checkbox"/>	Substitute	<input type="checkbox"/>
	Emergency Substitute	<input type="checkbox"/>	Other	<input type="checkbox"/>				
I am a household member of a child care program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
I plan to transport program children:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

BOTH PAGES MUST BE COMPLETED. SEE REVERSE SIDE



NOTICE

Minn. Stat. §245C.05 requires each individual to provide sufficient information to ensure an accurate background study. (Only the item marked optional may be left blank.)

In accordance with Minn. Stat. §245C.09, failure or refusal to cooperate by completing all necessary copies of this form or providing all information required constitutes reasonable cause to deny an application or revoke or suspend a license. A disqualification may result if any person is found to have a history with the particular characteristics set forth in Minn. Stat. §245C.15.

You must sign on the signature line as the person completing the form. By signing, you are acknowledging receipt of this notice that a background study will be done in accordance with Minn. Stat. §245C. You are also agreeing to the conduct of the background study and release of information on conviction, adjudication, maltreatment reports, or any investigative records by the agencies listed. If you are not the applicant/license holder and you are determined to be disqualified, the applicant/license holder will be told that you are disqualified but will not be told the information that caused your disqualification. If a disqualification is set aside, or a variance is granted, the nature of the disqualification is public information. The reasons for setting aside the disqualification and/or granting a variance are public information.

Until you receive the results of your background study, you must be under continuous and direct supervision when in contact with persons served by the program. Providing direct contact services without supervision or having unsupervised access to persons served is prohibited until the study is complete and you have been notified of the results.

I hereby authorize Hennepin County and/or The McDowell Agency, Inc. and their agents, without any reservation, to investigate my background as it pertains to personal and professional references, information contained in public records, in accordance with Minn. Stat. §245C, including (but not limited to) records of the Minnesota Bureau of Criminal Apprehension, county attorneys, county sheriffs, courts, county agencies such as corrections departments and social services agencies, local police, the national record repository, criminal records of other states, and applicable juvenile court records. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein for one full year after the date of signature.

Part III

SIGN AND DATE BELOW
 Please sign in blue or black ink

SIGNATURE:

DATE:

**SIGNATURE OF
 PARENT / LEGAL
 GUARDIAN
 (IF UNDER 18):**

DATE:
