



Adult Foster Care
Background Study Tracking Form

Name of License Holder: License Number:

Name of Person Studied: Date of Birth:

Table with 2 columns: Tracking Needed, Date. Rows include: Study submitted on NETstudy, Submitted to Washington County for verification, Date of hire, First supervised direct contact, Study complete/ Clearance with no disqualifications, First un-supervised direct contact, Received disqualification (if applicable), 'More time needed' received (if applicable), and Results of more time needed, if applicable.

*Providers are required to contact DHS if more than 45 days have lapsed without a response