

Adult Foster Care  
**Background Study Tracking Form**

Name of License Holder: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Person Studied: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TRACKING ITEM	DATE
Study submitted on NETStudy (date when fingerprints were submitted) <i>Providers are required to contact DHS if more than 45 days have lapsed without a response</i>	
Date of hire: If household member - date moved into home (if staying over 30 days)	
First supervised direct contact	
First un-supervised direct contact	
Submitted new study if the person absent from program for 120 or more consecutive days <i>Individual must be under continuous direct supervision until receive study results</i>	
Submitted new study as the person legally changed their name	
Forwarded information on criminal conviction data and substantiated reports of maltreatment of adult or child to DHS	
Forwarded any information about possible criminal or maltreatment history to DHS	
Date of termination of employment or if household member - date when moved out.	

STUDY RESULTS	DATE
Providers need to keep copies of clearance, "more time needed", or disqualification notices	
Clearance with no disqualifications (if applicable)	
"More time needed" received (if applicable) <i>Provider must follow any orders given in the notice Note that after a "more time is needed" notice is received the person should either be cleared or disqualified. Make sure to record this result or</i>	
Disqualification (if applicable) <i>Provider must follow any orders given in the notice</i>	
Disqualification results (appeal outcome) be sure to note date if variance or set aside granted:	