

**Licensed Family Child Care
 Legal Non-licensed Child Care
 Background Study Data Collection Form**

Please note that all of the following information (unless otherwise indicated) is required by the Bureau of Criminal Apprehension (BCA) or Federal Bureau of Investigations (FBI). * Indicates that the field is optional. If you choose to provide your social security number, your study can be transferable to other counties or child care programs without needing to be re-fingerprinted. A new study still needs to be initiated for other counties/providers. Studies for adults are good from 5 years. Studies for minors are good for five years or until the individual turns 18, whichever occurs first.

If you are not the license holder applying for the background study, please include the license holder's name, address, and license number below.

License Holder Name (first, last)	Address (street, city, zip)	License number:
-----------------------------------	-----------------------------	-----------------

Background Study Subject Role: please check the box that describes your role in the childcare listed above.

<input type="checkbox"/> License Holder	<input type="checkbox"/> LNL Provider	<input type="checkbox"/> Family Member	<input type="checkbox"/> Adult Household Member	<input type="checkbox"/> Minor Household Member (no supervision of children)	<input type="checkbox"/> Non-relative Household Member
<input type="checkbox"/> Adult Caregiver	<input type="checkbox"/> Helper	<input type="checkbox"/> Contractor	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other

First Name	Middle Name	Last Name	
Maiden Name, Prior Names and Aliases			
Date of Birth	Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Asian or Pacific Islander	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Eye Color	Hair Color	Height	Weight
Place of Birth (state or country)		Telephone Number	
Current Street Address		City	
State	Zip	County	Email Address
Driver's License # or MN State-issued ID #		Expiration Date of ID	* Social Security #

Have you lived in a state other than MN in the last five years? Yes No

If yes, please list all city and states where you lived within the last 5 years:

City:	State:	Year From:	Year To:

ACKNOWLEDGMENT

I acknowledge that I have read this form and that I have been notified of and understand that the Minnesota Department of Human Services needs this information to complete the background study.

Print Name

Signature

Signature of Parent or Guardian (required for minors only)

Date

This area is for agency use only

To ensure accurate processing of the components of NETStudy 2.0 that rely on name and date of birth for matching, it is important that you verify the identity of the subject of the background study. You are not required to view a physical ID card or a photocopy of it – you can verify identity using a household roster or another source.

For fingerprint-based studies, if the study subject’s name and date of birth on the identification card they bring to the fingerprint location does not *exactly* match the name and date of birth entered on this form and in NETStudy 2.0, the fingerprint technician will not process the fingerprint transaction. The study will need to be re-initiated with the correct information and the subject will need to go to the fingerprinting location again. A list of acceptable forms of ID may be found on the DHS public website.

Identification of the subject has been verified.

Attachment – Background Study Notice of Privacy Practices