

**CONSENT AND REQUEST FOR LAW ENFORCEMENT, COURT, AND AGENCY RECORDS**

TO: Bureau of Criminal Apprehension, County Social Services, Law Enforcement, and Court

FOR: Child Care Licensor, Linda Hanstad FROM / RETURN TO: Child Care Case Aide, LeeAnn Sudbeck

The individual identified below has applied for family child care licensing or is a household member, or is seeking employment or volunteer work in a licensed home. The Human Services Licensing Act requires that licensing agencies conduct an applicant background study (investigation) on all members of the applicant's household, 13 years of age and older, ages 10-12 with reasonable cause, employees, substitute caregivers, and volunteers. Records will be requested from the Minnesota Bureau of Criminal Apprehension, Law Enforcement agencies, and court. Information will also be requested from county social service agencies pertaining to substantiated reports of maltreatment of children or adults, and the juvenile courts for information on persons age 13 and over, ages 10-12 with reasonable cause. This information is required to complete an application for Family Child Care Licensing, MN Statutes 245C. Please respond ASAP. Thank you.

I hereby acknowledge notice that this study will be done and give my consent to any of the above-listed (named) agencies, offices, departments, and courts to release any data of which I am the subject, whether such data is private or public. A copy of this form shall be accepted in place of the original.

**PLEASE PRINT – FULL LEGAL NAME**

\_\_\_\_\_  
Last First (Legal) Full Middle Name Maiden/Former/Previous Married/Alias

\_\_\_\_\_  
Date of Birth Sex Current County of Residence

\_\_\_\_\_  
Drivers License Number (required) Social Security Number Race Phone number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Signature **If juvenile – Parent / Guardian Signature Required also** Date

**CHECK ALL THAT APPLY.** This person is applying for: ( ) Initial Licensing ( ) Relicensing ( ) Juvenile Helper ( ) Adult Substitute Care Giver ( ) Household member or spouse of applicant ( ) Adult Helper /Employment

\_\_\_\_\_  
Name of License Holder Street Address City/State/Zip

I have continuously resided at the above address for 5 years or more. \_\_\_\_ Yes \_\_\_\_ No  
If no, please list city, county and state where you have resided during the last 5 years including college addresses, south for the winter, etc.

Address	City	County	State	Dates residing at address
				TO
				TO
				TO
				TO
				TO

**\*\* For Agency Use Only \*\***

**NOTICE TO LAW ENFORCEMENT/COURT - PLEASE REVIEW CRIMINAL CONVICTION DATA, ARREST, INVESTIGATIVE INFORMATION, CRIMINAL HISTORY AND DOCUMENT.**

Information requested is as follows:

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\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

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**NOTICE TO SOCIAL SERVICE AGENCY - PLEASE REVIEW THIS FORM, CHECK ONE OF THE APPROPRIATE BOXES, AND SEND DOCUMENTATION AS NECESSARY.**

The Vulnerable Adult Worker has no knowledge of substantiated Vulnerable Adult Reports regarding the persons listed above.

The Child Protection Unit has no knowledge of substantiated Child Protection Reports regarding the persons listed above.

OTHER \_\_\_\_\_

Contact \_\_\_\_\_ for more information.

\_\_\_\_\_  
Signature of Vulnerable Adult Worker / Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child Protection Worker / Agency Representative

\_\_\_\_\_  
Date

Return to: OTTER TAIL COUNTY HUMAN SERVICES, 530 FIR AVENUE WEST, FERGUS FALLS MN 56537