



Records Check Form

To Whom It May Concern:

The individual named on the back of this form is an applicant, household member, volunteer, or an employee of a license holder for day care, foster care, or Blue Earth County employee/intern.

Minnesota licensing laws require a background check with social service agencies and the local police, county sheriff, and Bureau of Criminal Apprehension at all the past residences of all persons for day care, foster care, and adult foster care who are: (1) individuals who are providers of programs licensed by the commissioner; (2) individuals over age 13 living in the household where a program is operated; (3) current employees or contractors who have direct contact with persons being served by the program; and (4) volunteers who provide program services to persons served if the volunteer has direct contact with persons and/or the volunteer is not directly supervised. We need to know about criminal conviction data, arrest information, reports about abuse or neglect of children or adults, investigation results, information about former licenses, mental health information, and chemical abuse/dependency data.

The authority to request this information is cited in the Human Services Licensing Act of 1987, Section 245A.04, Subdivision 3, for day care, foster care, and adult foster care licensing.

Please indicate the findings on this release form and return it in the enclosed self-addressed, stamped envelope. Our agency would appreciate a response at your earliest convenience. If you have any questions, please feel free to contact me. My telephone number is (507) 304-4273. Thank you for your cooperation.

Michelle Lechner
Information Specialist
Blue Earth County Human Services

Law Enforcement records to be searched:

- MINCIS/MN Criminal Information System
- Card file (local incidents)
- V.T. Prism (local incidents)
- Other agency(ies) (specify)

Response from Social Service Agency:

- Child abuse/neglect
- Vulnerable adult abuse/neglect
- Chemical dependency/abuse
- General social services check

Verifying Agency Signature
ML/, 2/08, DCF.133a(1)

Title

Date

