



Minnesota Department of **Human Services** _____

Initial Adam Walsh Background Study Identification Form

Child Foster Care (CFC) and Adoptions

****Submit this form with the fingerprint card(s)****

Name of County or Private Agency _____ "Facility ID" _____
"Facility ID" - Use 41XXX for adoptions / 40XXX for CFC

Name of Contact Person _____ Telephone Number _____

Fingerprints / Studies are being submitted for:

___ New CFC application; ___ Adoption (Please expedite. Hearing date _____)

___ Person newly affiliated with currently licensed child foster care (If checked, please include name of CFC License Holder) _____.

Studies have been submitted in NETStudy on the following individuals:			Date of Birth	Check if fingerprints submitted
First	Middle	Last Name		

List additional names and DOB on back of form, and indicate if FPs are being submitted.

Previous OUT OF STATE Residences-

Provide previous address for any individual who resided in another state within the last five years. A check of the other state's child abuse and neglect registry is required. Use back of form if additional space is needed.

Name: _____ Street Address: _____ City, State, Zip _____

___ **Private agencies:** The required consent for release of information from FBI national crime information databases to private child placing agency is enclosed.

___ **County and private agencies:** Consent for release of information from child abuse and neglect registry in other state is enclosed. **Only required when background study subject resided outside Minnesota within last five years.**

(Go to www.DHS.State.MN.US/Licensing, click on "Background Studies" to download consent forms.)

Return this form with the required fingerprint card(s) and signed consents for release of information to:

Department of Human Services – Division of Licensing

Attention: Background Studies

PO Box 64242

Saint Paul, Minnesota 55164-0242

7-26-07