CFC BGS DATA COLLECTION FORM AFC/FADS 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.

	ck one of the follow nt/License-Holder	_	sehold Member 🔲 Ot	her			
First Name			Middle Name		Last Name		
Maiden N	Name, Prior Names	and Alias	es				
Date of Birth			* Race Asian Black White Native American Unknown		Sex Male Female Unknown Other		
Eye Color			Hair Color		Height	Weight	
State or Country of Birth					Telephone #		
Current Street Address					City		
State	zate Zip Co		unty Email Add		lress		
Driver's License # or MN State- issued ID #			Expiration Date of ID		* Social Security #		
-			ess for over 5 years			No	
If no, ple	ase list all city a	nd states State:	s where you lived w	ithin the la Tear From:	st 5 years:	Year To:	
City.	City. State:		real From.			Itai 10.	

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.
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. The subject's name and date of birth on this form must match the information on the subject's identification (ID). A list of acceptable forms of ID may be found on the DHS public website.
☐ Identification of the subject has been verified.
For family CFC only: If the individual has lived outside of the state within the last five years, complete the Child Abuse Neglect Registry (CANR) process in the NETStudy 2.0 system.

Attachment – Background Study Notice of Privacy Practices