

POSSABILITIES

Serving children and adults with disabilities

BACKGROUND STUDY

Items marked with an asterisk (*) are optional. All other information is required. Please print clearly.

1. Current Name

Last _____ First _____ Middle _____

2. Other first names you have used

3. Other last name you have used

4. Birthdate ____/____/____

5. Social Security Number * ____-____-____

6. Address, City, State, Zip

7. Drivers License/State ID (if any)

State _____ Number _____

8. Telephone * _____

9. Gender ___ Male ___ Female

10. Race *

- Asian
- Pacific Islander
- African American
- Native American
- Caucasian
- Unk/Other

OFFICE USE ONLY

- Agency with Choice
- Consumer Support Grant
- Employer of Record

I have reviewed and understand the privacy rights outlined in "Background Study Privacy Notice" on the reverse side of this form

Signature

____/____/____
Date

8/20/12

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

- 1. Purpose and intended use of the information:** Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
- 2. Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
- 3. Known consequences that may arise from supplying the information:** Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
- 4. Known consequences that will arise from refusing to supply the requested information:** Only items identified as 'optional' may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.
- 5. Identification of other agencies or entities authorized to receive this information:** The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.