

## 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.

|   | k one of the follov<br>t/License-Holder |              | ehold  | Member 🗌 Otl  | ier                 |                                |          |     |  |
|---|---|--------------|--|---------------|---------------------|--------------------------------|----------|-----|--|
| First Name                              |   |              | Middle Name  |               |                     | Last Name                      |          |     |  |
| Maiden Na                               | ame, Prior Name                         | s and Aliase | 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                                   | Zip                                     | County       |  |               | Email Add           | ail Address                    |          |     |  |
| Driver's License # or MN State-issued I |   |              | ID # Expiration Date of ID                         |               | * Social Security # |                                |          |     |  |
| -                                       | _                                       |              |  | than Minnesot |                     | -                              | No       | Yes |  |
| City:                                   | City: State:                            |              | Year Fro   |               | ear From:           |                                | Year To: |     |  |
|   |   |              |  |               |                     |                                |          |     |  |
|   |   |              |  |               |                     |                                |          |     |  |
|   |   |              |  |               |                     |                                |          |     |  |
|   |   |              |  |               |                     |                                |          |     |  |

## **ACKNOWLEDGMENT**

| I acknowledge that I have read this form and that I have been notified of and understand that the Minnesota Departi<br>Human Services needs this information to complete the background study.  | nent of             |
|---|---------------------|
| 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 it is important that you verify the identity of the subject of the background study. The subject's name and birth on this form must match the information on the subject's identification (ID). A list of acceptable form may be found on the DHS public website.   | date of             |
| ☐ 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 Abuse Neglect Registry (CANR) process in the NETStudy 2.0 system.  | Child               |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
| To ensure accurate processing of the components of NETStudy 2.0 that rely on name and date of birth for it is important that you verify the identity of the subject of the background study. The subject's name and birth on this form must match the information on the subject's identification (ID). A list of acceptable form 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 | date of<br>ns of ID |

Attachment – Background Study Notice of Privacy Practices