

## APPLICANT #2

### WHITE EARTH RESERVATION INDIAN CHILD WELFARE FOSTER CARE PROGRAM BACKGROUND INVESTIGATION

**In connection with my application for a Foster Care License (Federal Statute P.L. 95-608), I understand that an investigative report; which may contain public record information may be requested or made on me include juvenile/adult criminal records.**

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I, \_\_\_\_\_, hereby authorize any State or Local Repository of Criminal Records to be disclosed to the White Earth Reservation Indian Child Welfare Foster Care Program, the following information that is contained in my file:

**ANY Criminal Activity, Complaints, Suspicious Calls, Reports, Arrests or Convictions.**

I further authorize ongoing procurement of the above mentioned reports at any time during my affiliation with the White Earth Reservation Indian Child Welfare Foster Care Program. This form shall be valid for a period of no longer than one year of signed date.

\_\_\_\_\_ Last Name First Name Full Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

OTHER OR FORMER NAMES, ALIAS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: MALE FEMALE

COUNTIES WHERE YOU HAVE LIVED SINCE AGE 18:

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**In compliance with Minnesota State statute 245A.04 I authorize Minnesota Bureau of Criminal Apprehension to disclose criminal history to Indian Child Welfare. I also authorize any agencies to disclose criminal history records and or child protection information to Indian Child Welfare.**