



Minnesota Department of **Human Services** _____

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.

Please check one of the following:

☐ Applicant/License-Holder ☐ Household Member ☐ Other

First Name	Middle Name	Last Name	
Prior Names and Aliases			
Date of Birth	* Race ☐ Asian ☐ Black ☐ White ☐ Native American ☐ Unknown	Sex ☐ Male ☐ Female ☐ Unknown ☐ Other	
Eye Color	Hair Color	Height	Weight
Place of Birth		Telephone #	
Street Address		City	
State	Zip	County	
Driver's License # or MN State-issued ID #	Expiration Date of ID	* Social Security #	

Have you lived at the above address for over 5 years? **Yes** **No**

If no, please list all city and states where you lived within the last 5 years:

City:	State:	Year From:	Year To:

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.