



White Earth Child Care/ Early Childhood Program

Phone: 218 935-6271

Fax: 833-859-0959

PO Box 221, Ogema, MN 56569

UNLICENSED PROVIDER BACKGROUND INVESTIGATION

In connection with my application for providing child care, I understand that an investigation report; which may contain public record information may be requested or made on me to include juvenile/adult criminal records.

I, _____, hereby authorize any State or Local Repository of Criminal Records and/or County Social Services and Indian Child Welfare to be disclosed to the White Earth Reservation Child Care Program, the following information that is contained in my file:

**Any Criminal Activity, Complaints,
Suspensions, Calls, Reports, Arrests or Convictions
(Substantial/Unsubstantial) CHIPS, Child Protections**

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

Last Name First Name Full Middle

MAIDEN/FORMER OR OTHER NAMES OR ALIAS: _____

SOCIAL SECURITY NUMBER: _____ D.O.B _____

DRIVER LICENSE NUMBER: _____

RACE: _____ GENDER: _____ MALE _____ FEMALE

COUNTIES WHERE YOU HAVE LIVED SINCE AGE 18:

COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____

SIGNATURE: _____ **DATE:** _____

I AUTHORIZE MINNESOTA BUREAU OF CRIMINAL APPREHENSION TO DISCLOSE CRIMINAL HISTORY TO THE WHITE EARTH CHILD CARE PROGRAM. I ALSO AUTHORIZE ANY AGENCIES TO DISCLOSE ANY CRIMINAL HISTORY RECORDS AND/OR CHILD PROTECTION INFORMATION TO THE WHITE EARTH CHILD CARE PROGRAM.



White Earth Tribal Gaming Regulations
P.O. Box 395
Mahnomen, MN. 56557
Phone: (218)935-2148

Informed Consent

**** PLEASE PRINT CLEARLY****

The following named individual has made application with this agency for a Criminal Background Check.

First Name of Applicant (please print): _____

Middle (full) (please print): _____

Last Name of Applicant (please print): _____

Maiden, Alias or Former (please print): _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ **Sex** (please circle): **MALE** **FEMALE**

Home Address: _____ **City:** _____ **Zip:** _____

Driver's License #: _____ **State Issued:** _____ **Exp. Date:** _____

I authorize the White Earth Tribal Gaming Regulation to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Tribal Gaming Regulations to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Tribal Gaming Regulations from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office Use Only:

DEPARTMENT: _____ **BILL TO:** _____

REPORTS REQUESTED: (please circle) **STATE** **MVR**

Please list the STATE you are requesting to be ran: _____

DATE REQUESTED: _____ **AUTHORIZING SIGNATURE:** _____

TRIBAL GAMING SIGNATURE: _____



White Earth Compliance
Adjudication Department
P.O. Box 395
Mahnomen, MN. 56557
Phone: (218)935-2148
Fax: 218-935-5087

**** PLEASE PRINT CLEARLY ****

INFORMED CONSENT OF UNDER 18 YEARS OF AGE

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): _____

Middle (full) (please print): _____

Last Name of Applicant (please print): _____

Maiden, Alias or Former (please print): _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Sex (please circle): **MALE** **FEMALE**

Home Address: _____ City: _____ Zip: _____

Driver's License #: _____ State Issued: _____ Exp. Date: _____

I authorize the White Earth Tribal Gaming Regulation to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Tribal Gaming Regulations to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Tribal Gaming Regulations from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Signature of Parent/Guardian of Applicant

Date

Office Use Only:

DEPARTMENT: _____ BILL TO: _____

REPORTS REQUESTED: (please circle) _____ STATE _____ MVR

DATE REQUESTED: _____ AUTHORIZING SIGNATURE: _____

Consent for release of information from Minnesota state-wide database of substantiated abuse / neglect

FEE: \$20 per check. Please include a check or money order payable to: Minnesota Department of Human Services. Return completed form and payment to: Minnesota Department of Human Services, Office of Inspector General/Background Studies Division, PO Box 64172-St. Paul, MN 55164-0172. **Signature must be witnessed by a notary public.**

To be completed by the person giving consent/authorization (please print.) This information is being requested solely to verify the identity of the person giving consent/authorization.

Name(s) (Include any other names by which you have been known)

Date of birth	SS# (optional)		
Current address	City	State	Zip

Minnesota address(es) City, State, ZIP code for each

Authorization/Consent: I authorize the Minnesota Department of Human Services to release all records regarding substantiated reports of maltreatment involving physical abuse or neglect of minors or vulnerable adults, in which I am named as the person responsible for maltreatment.

The information will be released to:

Name	Agency		
Abuse Specialist	One Source Background		
Address	City	State	Zip
PO Box 24148	Omaha	NE	68124
Phone#	Fax#		
402-933-9999	402-333-3280		

This information will be used for

Pre-Employment Purposes

Consequences

I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to the release of this information
- That, generally, I must give my written consent for the Minnesota Department of Human Services to give out the information
- The person or agency who gets my information may be able to pass it on to others
- If I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released
- This consent will end one year from the date I sign it, unless the law allows for a longer period.

Background Study Subject's Signature	Signature must be witnessed by a notary public.
Date	Acknowledged before me the ____ day of ____ 20__
Parent/Guardian Signature (Subject is a minor)	Notary Public
Date	My commission expires: _____
	[Notary stamp or seal]