



Saint Louis County

Public Health and Human Service Department * www.co.st-louis.mn.us

Ann M. Busche
Director

****Caregiver Note:** Please sign and date bottom line on this page and complete "Identifying Information" section on the back. Complete one form for each family member thirteen (13) years old and older.

NOTIFICATION FOR RELEASE OF INFORMATION

You are hereby notified that the Bureau of Criminal Apprehension, local police departments, county sheriff's departments, county or city attorney's offices, court administration offices, correctional facilities, probation offices, county social service agencies, St. Louis County PHHS, State of Minnesota social service information system, State of Minnesota court administration system, or State of Wisconsin Circuit Court access system may be contacted for information in connection with the evaluation of the provider's application for licensure of, or continued licensure of, one or more of the following:

Family Day Care Home

NATURE OF INFORMATION TO BE DISCLOSED

Minnesota Statute, Section 245C, authorizes disclosure of all criminal convictions, arrest information, reports regarding abuse or neglect, and investigation results available from local, state, and national criminal history record repositories on individuals connected with the application for or renewal of a license, including, but not limited to: applicants, operators, all persons ages 13 and over living in the household (ages 10 to 12 with reasonable cause), all staff, helpers and volunteers of any day care or residential facility, any person who may have unsupervised access to children or vulnerable adults receiving services from the licensed program, and all staff or agencies placing children for care. The disclosure of information is authorized only after notice is given to the subject of the data. Adult criminal, juvenile court, and social service histories will also be checked in the manner authorized under Minnesota Statute, Section 245C.

DISCLOSURE

The information will be disclosed to:

- The State Department of Human Services, Licensing Division, St. Paul
- The St. Louis County Public Health & Human Services Department, Licensing Unit,
320 West Second Street, Duluth, MN 55802-1495; Duluth Office
307 South First Street, Virginia, MN 55792; Range Office

Licensors handling request for information: **Please check name of your Adult Foster Care or Day Care licensor.**

- | | | | | | |
|---|----------|--|----------|---|----------|
| <input type="checkbox"/> Gladi Billeter | 726-2175 | <input type="checkbox"/> Helen Jamnick | 742-9528 | <input type="checkbox"/> Linda Kiesling | 726-2159 |
| <input type="checkbox"/> Naomi Ranisate | 742-9538 | <input type="checkbox"/> Jean Taran | 726-2176 | | |

I hereby acknowledge that I have been notified of and understand the right to disclosure of information. This release will expire two (2) years from date signed by the data subject. Further checks of the Minnesota Bureau of Criminal Apprehension records will require a new signed release if one year has passed.

Signature of Data Subject

Date

Signature of Parent or Guardian
(if applicable)

Date

Public Health & Human Services
Government Services Center
320 West Second Street
Duluth, MN 55802-1495

Phone: (218) 726-2000

'An Equal Opportunity Employer'

Public Health & Human Services
Northland Office Center
307 1st Street South
P.O. Box 1148
Virginia, MN 55792
Phone: (218) 749-7100

Name of Family Child Care Provider:

Street Address, City, State, Zip

Identifying Information: New Subject (i.e., new applicants, child turning age 13, new household members)
 Renewal

Are you a U.S. Citizen? Yes No

Legal Name (no nicknames) of individual on whom information is requested (please print):

Last Name	First Name	Full Middle Name
-----------	------------	------------------

Address:

Street Address	City	State	Zip
----------------	------	-------	-----

Phone Number:

(include area code)

Maiden/previous name(s):

Last Name	First Name	Full Middle Name
-----------	------------	------------------

Last Name	First Name	Full Middle Name
-----------	------------	------------------

Last Name	First Name	Full Middle Name
-----------	------------	------------------

What was the date of your last name change? (i.e., Marriage/Divorce)

Date of Birth	Drivers License # (or MN ID#)	Social Security # (optional)	Sex
---------------	-------------------------------	---------------------------------	-----

Racial/Ethnic Group: American Indian Hispanic Caucasian Asian or Pacific Islander
(optional) African American or Black Other:

(you may check more than one)

List addresses of residence for the past 5 years:

County	Address	City	State	Zip	Dates (mo/yr)
--------	---------	------	-------	-----	---------------

This section is to be completed by the law enforcement agency or St. Louis County PHHS.
Information disclosed is as follows:
