

**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

|   |            |   |                      |  |               |
|---|------------|---|----------------------|--|---------------|
| <b>First Name</b>                                 |            | <b>Middle Name</b>  |                      | <b>Last Name</b>   |               |
| <b>Maiden Name, Prior Names and Aliases</b>       |            |   |                      |  |               |
| <b>Date of Birth</b>                              |            | <b>* Race</b><br><input type="checkbox"/> Asian <input type="checkbox"/> Black<br><input type="checkbox"/> White <input type="checkbox"/> Native American<br><input type="checkbox"/> Unknown |                      | <b>Sex</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Unknown <input type="checkbox"/> Other |               |
| <b>Eye Color</b>                                  |            | <b>Hair Color</b>   |                      | <b>Height</b>  | <b>Weight</b> |
| <b>State or Country of Birth</b>                  |            |   |                      | <b>Telephone #</b>   |               |
| <b>Current Street Address</b>                     |            |   |                      | <b>City</b>  |               |
| <b>State</b>                                      | <b>Zip</b> | <b>County</b>   | <b>Email Address</b> |  |               |
| <b>Driver's License # or MN State-issued ID #</b> |            | <b>Expiration Date of ID</b>  |                      | <b>* Social Security #</b>   |               |

**Have you lived in any U.S. state other than Minnesota in the last 5 years?**    **No**    **Yes**

**If yes, please list all cities and states where you lived in the last 5 years:**

| <b>City:</b> | <b>State:</b> | <b>Year From:</b> | <b>Year To:</b> |
|--------------|---------------|-------------------|-----------------|
|              |               |                   |                 |
|              |               |                   |                 |
|              |               |                   |                 |
|              |               |                   |                 |

## 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.

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Signature

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Signature of Parent or Guardian (Required for Minors Only)

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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.**

Attachment – Background Study Notice of Privacy Practices