# CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD ABUSE AND NEGLECT PROGRAM
SFN 433 (3-2020)

Clear Fields

## Part I: Agency/Organization Information

| Agency/Organization | Contact Person | Telephone Number | |
|---|---|---|---|
| Minnesota Department of Human Services | | (651) 431-6620 | |
| **Address** | **City** | **State** | **ZIP Code** |
| PO Box 64172 | St Paul | MN | 55164 |

## Part II: Authorization for Release of Information (to be completed by the person giving consent/authorization)

☒ _____ (Initials) I give North Dakota Department of Human Services (NDDHS) and its' authorized agents (county social service agencies) permission to check the Child Abuse/Neglect Information Index for my name.

☒ _____ (Initials) I further give permission to NDDHS to release child abuse and neglect records pertaining ONLY to the services required decisions indicated below to the above-named agency/organization. (**NOTE:** If this statement is not *checked* **and** *initialed*, and if child abuse and neglect records contain any medical, drug, alcohol, or mental health treatment information, an Authorization to Disclose Information Form (SFN 1059) will be required.)

This information is being requested for: (Check Only One)

☐ Employment with NDDHS ☐ Employment in a NDDHS licensed or contracted agency ☐ Childcare/In-home provider
☐ Adoption study ☐ Foster parent licensing ☐ Private agency employment/volunteer
☐ Other (List): _____

| LAST Name | FIRST Name | FULL MIDDLE Name ☐ None ☐ Intial Only | Social Security Number* | Date of Birth |
|---|---|---|---|---|
| | | | | |

Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years **OR** ☐ Check this box if you have no additional names

| Current Physical Address | City | State | ZIP Code |
|---|---|---|---|
| | | | |
| **Last North Dakota Address** | **City** | **State** | **ZIP Code** |
| | | | |
| **Signature** | | **Date** | |
| | | | |

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for identification purposes. Failure to disclose this information may result in a delay in reporting results.

This authorization remains in effect for 60-days from the date of signature unless specifically revoked by written notice to the agency/ organization contact person. Any disclosure prior to a written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original.

## Part III: Do Not Write Below - State Office Use Only

**(NOTE: Results only include a search of the ND Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)**

☐ The above-named individual is not listed on the ND Child Abuse/Neglect Information Index.

☐ An assessment decision of Services Required was found on the ND Child Abuse/Neglect Information Index. For further details, please contact NDDHS, Children and Family Services.

If there are any questions about this form, or if you feel the conclusion was reached in error, please contact the agency which performed the inquiry, or contact

**Children and Family Services**
**600 East Boulevard Avenue, Dept. 325**
**Bismarck, ND 58505**
**(701) 328-2316**
**E-mail: dhscfs_cani@nd.gov**
**Fax: (701) 328-3538**

| County | Decision Date |
|---|---|
| | |
| **Signature of Person Completing CA/N Information Index Inquiry and Date Completed** | |
| | |