CRIMINAL HISTORY BACKGROUND CHECK ADDRESS DISCLOSURE/RELEASE OF INFORMATION

ND DEPT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-CBCU
SFN 377 (12-2017)

Clear Fields

Children and Family Services-CBCU
North Dakota Dept. of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250
dhscfscbc@nd.gov
FAX: 701-328-0358

Criminal history background checks are required for individuals pursuant to NDCC 50-11 (Foster Care Homes & Facilities), NDCC 50-11.1 (Early Childhood Services Programs), NDCC 50-11.3-01 (Prospective Legal Guardian of a Child) and NDCC 50-12 (Prospective Adoptive Parent). Applicants must complete the SFN 377 (Criminal History Background Check Address Disclosure/Release of Information) and provide all addresses for the past 5 years (from date SFN 377 is signed). Applicants who have lived outside the State of North Dakota during that 5 year timeframe must disclose every address at which they resided. Adults in the caregivers home/facility must also complete the SFN 377 as they are also subject to the aforementioned criminal history background checks. Address/locations provided will be used to conduct Child Abuse/Neglect Registry checks. Forms that are illegible, incomplete, or contain information inconsistent with data listed on fingerprint card will be returned unprocessed.

APPLICANT IDENTIFYING INFORMATION

Full Legal Name of Applicant/Employee:		
Birth Name, Maiden Name, Aliases, Nicknames, or Other Married Names: **OR** ☐ Check box if there are no additional names to include		
Date of Birth:	Social Security Number: *	Telephone Number:

ADDRESSES FOR THE PAST (5) YEARS FROM DATE APPLICATION SIGNED (LIST CURRENT ADDRESS FIRST):

Current Physical Address	From: (Month, Day, Year)	To: Present Date (Month, Day, Year)
Street:		Apartment Number:
City:		State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

To provide additional address information, continue on page 2

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's Child Abuse/ Neglect Central Registry or through any tribal court or Indian child welfare agency.

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's sex offender or offender against children registry.

I give the North Dakota Department of Human Services permission to request any supplemental documentation about me, related to any offense revealed through the course of this criminal history background check and permission to share any relevant information derived from any source with any authorized child welfare agency or early childhood services program.

Signature of Applicant: _____ Date: _____

SFN 377 must be received in CBCU within 10 working days from date signed by applicant. (Note: Applicant may need to re-sign/re-date SFN 377 to fulfill this requirement)

* Your Rights and Responsibilities (see page 2)

Use this space to provide additional address information (continued from page 1)

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's Child Abuse/ Neglect Central Index or through any tribal court or Indian child welfare agency.

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's sex offender or offender against children registry.

I give the North Dakota Department of Human Services permission to request any supplemental documentation about me, related to any offense revealed through the course of this criminal history background check and permission to share any relevant information derived from any source with any authorized child welfare agency or early childhood services program.

Signature of Applicant: _____ Date: _____

SFN 377 must be received in CBCU within 10 working days from date signed by applicant. (Note: Applicant may need to re-sign/re-date SFN 377 to fulfill this requirement)

*** YOUR RIGHTS AND RESPONSIBILITIES**

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that 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 the purpose of conducting a criminal history background check. Failure to disclose this information may affect the applicants ability to become a licensed foster parent; to be employed in a foster care facility; to become an appointed legal guardian of children, to be approved for adoption; to become a licensed childcare provider, a holder of a self declaration or in-home registration document or to be a staff member in early childhood services program.

DISTRIBUTION OF SFN 377

If Electronic Fingerprint Submission:

Scanner Operator: Scan SFN 377 and submit to DHS Criminal Background Check Unit via Group Email Address - dhscfscbc@nd.gov

If Ink-Rolled Fingerprint Submission:

One Signed Copy to DHS