BACKGROUND CHECK ADDRESS DISCLOSURE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ADULT FAMILY FOSTER CARE
SFN 466 (Rev. 12-2009)

STATE OF NORTH DAKOTA
Aging Services
North Dakota Department of Human Services
1237 W Divide Ave, Ste 6
Bismarck ND 58501
701-328-4601

Adult Foster Care Home or Provider:	
Applicant Name:	Maiden Name:

Background checks are required for individuals pursuant to NDCC 50-11 (foster care homes & facilities). In some situations, a BCI (Bureau of Criminal Investigation) check is required. In other instances, both BCI and FBI checks are required. In order to determine whether you meet an exception to the FBI background check requirement, your addresses for the past eleven years are required.

Each adult living/working/volunteering in the home/facility must complete a separate disclosure form. Attach sheets as necessary.

ADDRESSES FOR THE PAST ELEVEN (11) YEARS, MOST RECENT FIRST:

FROM: (Month, Day & Year)	**TO**: (Month, Day & Year)
Street:	Apartment Number:
City:	State:

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Street:	Apartment Number:
City:	State:

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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:

Signed:	**Date:**

Attach address disclosure form to "Personal Authorization for Criminal Record Inquiry", SFN467.

DISTRIBUTION: **Original** - DHS **Copy** - BCI