PERSONAL AUTHORIZATION FOR CRIMINAL RECORD INQUIRY - FOSTER CARE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

ADULT FAMILY FOSTER CARE

SFN 467 (Rev. 1-2010)

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

Check One ☐ Foster Home ☐ AFFC Family Member ☐ AFFC Respite Provider

Facility/Agency Name **(Required)**	Address **(Required)**	City	State	Zip Code	Telephone Number

NDCC Ch. 50-11 and 50-11.3 provides for nationwide, fingerprint based criminal background checks for individuals employed by, and adults living in but not being provided care in foster care facilities.

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 background check. Failure to disclose this information may affect the applicant's ability to become a licensed foster parent or to be employed in a foster care facility.

Name (Please Print)	Maiden Name, Aliases, and/or Other Married Names: (Please Print)		
Date of Birth	Sex	Social Security Number	
Current Address		Telephone Number	
City		State	Zip Code
Former Address		Telephone Number	
City		State	Zip Code

I understand that a foster care facility/agency, as a qualified entity, may request a background check pursuant to NDCC Ch. 50-11. I understand further that prior to the completion of the background check; the qualified entity may choose to deny me unsupervised access to a person to whom the qualified entity provides care.

I understand that as a person who is subject to a background check, I am entitled to: (a) obtain a copy of any background check report from the Bureau of Criminal Investigation (BCI) or the Federal Bureau of Investigation (FBI) by following their record request procedures; and (b) challenge the accuracy and completeness of any such report (in the jurisdiction involved with the charge or conviction); and obtain a prompt resolution before a final determination is made by the authorized agency.

THIS IS REQUIRED. PLEASE READ THE FOLLOWING CAREFULLY AND CHECK ONE FOR EACH SET OF STATEMENTS:

1. ☐ I have OR ☐ have not resided in North Dakota at all times in the past for eleven (11) years.
2. ☐ Two (2) fingerprint cards are enclosed if I have resided outside North Dakota in the past eleven (11) years. (Fingerprints need not be taken and a nationwide background check need not be made if an individual: (a) has resided continuously in the state of North Dakota for eleven years or since reaching age eighteen, whichever is less; or (b) is on active United States military duty or has resided continuously in this state since receiving an honorable discharge.)
3. ☐ I am OR ☐ am not on active United States military duty or have resided continuously in North Dakota since receiving an honorable discharge.
4. ☐ Attached is SFN 466 Background Check Disclosure Form required for the background check.
5. ☐ I have never been arrested or convicted of any crimes in any state, city, or federal court.

   ☐ I have been been arrested or convicted of any crime(s) in any of the courts named above. I am furnishing a description of the crime(s) and the particulars of arrest(s), the conviction(s), and/or dismissal(s).

Based on NDCC12.1-11-02. False Statements

A person is guilty of a class A misdemeanor if, in a governmental manner, he/she:

a. Makes a false written statement, when the statement is material and he/she does not believe it to be true;
b. Intentionally creates a false impression in a written application for a pecuniary or other benefit, by omitting information necessary to prevent a material statement therein from being misleading.

I certify that the above information is true and correct to the best of my knowledge. I certify that all statements on the form have been read by me or to me and I understand all the questions. INCOMPLETE INFORMATION WILL BE REJECTED.
(License to provide family foster care may be revoked in accordance with NDCC 50-11 if issued upon fraudulent or untrue representation.)

Signature	Date

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