



**PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY RECORD
INFORMATION INQUIRY - ADULT FOSTER CARE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CRIMINAL BACKGROUND CHECK UNIT
SFN 467 (1-2025)

Legal Authority: NDCC 50-11, NDCC 50-11.3 provide for fingerprint-based criminal history 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 child abuse/neglect and criminal history record information investigation.

Today's Date		THIS FORM MUST BE TYPED. HANDWRITTEN AND/OR INCOMPLETE FORMS WILL BE REJECTED.	
Requesting Agency (Required)		County	
Contact Person	Telephone Number	Email Address	

Reason for Background Check			
<input type="checkbox"/> Agency Foster Home	<input type="checkbox"/> Adult Foster Care Provider	<input type="checkbox"/> Adult Foster Care Household Member	
<input type="checkbox"/> Adult Foster Care Respite Provider	<input type="checkbox"/> Substitute Caregiver		

APPLICANT INFORMATION

Full Legal Name	LAST Name	FIRST Name	FULL Middle Name <input type="checkbox"/> None <input type="checkbox"/> Initial Only	*Social Security Number	
Maiden/Birth Name <input type="checkbox"/> Same as Above				Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Other Married (Last) Names, Aliases <input type="checkbox"/> If None Check Here			Email Address (must be the applicant's)		
Mailing Address		City	State	ZIP Code	Telephone Number

READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK ONE BOX FOR EACH QUESTION

1. I have lived in North Dakota at <u>ALL</u> times in the past 11 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I am on active United States military duty or have resided continuously in North Dakota since receiving an honorable discharge.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have been arrested for or convicted of a crime (includes misdemeanors and felonies) in ANY state or federal court.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to question #3 above, provide a brief description of the event(s) including the date(s), city/state(s), and sentence(s):

Provide address history for the past 11 years, beginning with your current physical address. (Example: If it is currently 06/2025, you must provide addresses back through at least 06/2014)

Current Physical Address	From (mm/yyyy)	To (mm/yyyy)			
Street Address		City	County	State	

Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State

Attach additional pages as needed (see SFN 467 Additional Address History)

Your fingerprints will be used to search the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of a FBI identification record are set forth in Title 28 C.F.R. §16.34.

Based on NDCC12.1-11-02. False Statements: A person is guilty of a class A misdemeanor if, in a governmental manner, he/she: Makes a false written statement, when the statement is material and he/she does not believe it to be true; or 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. (License to provide foster care may be revoked in accordance with NDCC 50-11 if issued upon fraudulent or untrue representation.)

I give Department of Health and Human Services permission to:

(1) use my fingerprints and the information on this form as a means of searching for my name on the National Crime Information Center database; (2) ND State Criminal Repository; (3) search for my name on the North Dakota Sex Offender Registry; (4) search for my name on the North Dakota Offenders Against Children Registry; (5) request any supplemental documentation about me related to any criminal offense revealed through the course of this criminal history record information investigation; (6) share any relevant information derived from any source with the requesting indicated above.

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

I understand that this application and the results of the criminal history record information investigation are a public document and must be made available upon request. Information shall be provided and redacted pursuant to state and federal statute and rule.

I understand that an application may be denied if it contains false or misleading material information or if I intentionally withheld material information.

I certify that all information I have provided on this form is true and correct to the best of my knowledge. I certify that all statements on this form have been read by me or read to me and I understand all the questions. I understand that I must immediately notify the requesting agency listed above if I am arrested or convicted of a criminal offense.

By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.

Signature

Date

REQUIRED FORMS

<https://www.hhs.nd.gov/providers/criminal-background-checks>

The Personal Authorization for Criminal History Records Inquiry-Adult Foster Care Form (SFN 467), Criminal History Record Check Request Pursuant to NDCC 12-60-24 Form (SFN 60688) and Fingerprint Identity Verification Form (SFN 836) are required for all criminal background checks processed by the department. **The SFN 467 and SFN 60688 forms MUST be typed.** Handwritten and/or incomplete forms **will be rejected**. Your fingerprints will be held for 30 calendar days. If your corrected/completed forms have not been received within 30 days, your fingerprints will be destroyed, and you must start the process from the beginning.

PROCESSING FEES

The department pays all criminal background check related fees.

FINGERPRINTING

Must show a valid government issued photo ID or you cannot be fingerprinted

Human Services Centers: No fees apply. You must bring your completed SFN 467 and SFN 60688 forms, a blank SFN 836 form and a valid photo ID.

Law enforcement or other authorized agencies: Fees may apply and will be at your own expense. You must bring a valid photo ID and a blank SFN 836 form to be completed by the official rolling your prints. **IF** your prints are rolled by using an ink pad, two cards are required, and they **MUST** be sealed in an envelope by the official. The official's signature, or the agency stamp, must be placed on the seal. It is your responsibility to mail all of your forms and fingerprints to:

Department of Health and Human Services
Criminal Background Check Unit
600 E. Blvd Ave Dept 325
Bismarck ND 58505-0250