



MN Department of Human Services Background Study Application Information

Pursuant to Minnesota state law, Children's Hospitals and Clinics is required to have the Minnesota Department of Human Services (DHS) conduct a background study of all individuals who will have direct contact with patients in our facilities.

"Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by Children's.

When the background study has been completed, the DHS will send a notification document in the mail to the individual and to Children's.

Please complete the following information. Items marked with an asterisk are optional.

Date

First Name M.I. Last Name

Birth Date

Gender (M or F)

MN Driver's License Number or
MN State ID Number (only MN)

* Race: ___ Asian ___ Pacific Islander ___ African American ___ Native American ___ Caucasian ___ Other

* Social Security Number

* Phone Number

Street Address

City State Zip Code

Other Names By Which You Have Been Known (ex: maiden name or aliases)

Privacy Notice: Your privacy rights are outlined in a separate notice entitled "MN DHS Background Study Privacy Notice." It is available upon request from the Human Resources Department and can also be obtained from the DHS by calling 651-296-3971 (voice) or 651-282-6832 (TTY).