AIFACS



American Indian Family and Children's Services

CFC BGS DATA COLLECTION FORM

Please note that all of the following information (unless otherwise indicated) is required by the Bureau of Criminal Apprehension (BCA) or Federal Bureau of Investigations (FBI). * Indicates that the field is optional.

Please check one □ Applicant/Lic			old Member 🔲 Ot	EV	1.0		QUIRED FOR AND OVER
First Name			Middle Name		Last Name		
Maiden Name,	Prior Names and	l Aliases					
Date of Birth			* Race Asian Black Nhite Native Unknown	e American	Sex Male Female Unknown Other		
Eye Color			Hair Color		Height	Weig	;ht
State or Counti	ry of Birth				Telephone #		
Current Street Address					City		
State	Zip	Coun	inty Email Add		ress		
Driver's License # or MN State-issued I			D# Expiration Date of ID		* Social Security #		
			er than Minnesos where you lived		•	No Ye	s
City: State:				Year From:		Year To:	

December 2021

ACKNOWLEDGMENT

I acknowledge that I have read this form and that I have been notified of and understand that the AIFACS needs this information to complete the background study.
Signature
Signature of Parent or Guardian (Required for Minors Only)
Date
This area is for agency use only
To ensure accurate processing of the components of NETStudy 2.0 that rely on name and date of birth for matching, it is important that you verify the identity of the subject of the background study. The subject's name and date of birth on this form must match the information on the subject's identification (ID). A list of acceptable forms of ID may be found on the DHS public website.
☐ Identification of the subject has been verified.
For family CFC only: If the individual has lived outside of the state within the last five years, complete the Child Abuse Neglect Registry (CANR) process in the NETStudy 2.0 system.