



TO: **Assister Resource Center** FROM:

FAX: 651-431-7572 PAGES:

EMAIL: navigators@mnsure.org EMAIL:

RE: Background Study Consent Form DATE:

NOTE: The name of your Navigator/CAC organization and your email address are required fields. This information enables the ARC to connect the assister with the correct organization and have contact information in case follow-up is necessary. Background Study Consent Forms submitted without this information may not be processed in a timely fashion.

Comments:





Background Study Consent Form

We are requesting the following information in order to determine if you have been convicted of crimes which directly relate to the scope of services you or your organization may provide to MNsure. The requested information is a continuation of the evaluation process.

While you are not required to provide this information, failure to do so may result in you or your organization not receiving certification to partner with MNsure. The information requested below is private data by law. Your consent below authorizes the Minnesota Department of Human Services, Background Study Division, (DHS) to obtain criminal history information about you from the Minnesota Bureau of Criminal Apprehension, the Minnesota Court Information System, similar agencies in other states as necessary, and information obtained as a result of previous background studies conducted on you by DHS. Your consent allows the Minnesota Department of Human Services Background Studies Division to also continue receiving this information on an ongoing basis as new information about you becomes available to the agency from these sources.

I understand that the Department of Human Services, Background Study Division will compare criminal history received against the list of potentially disqualifying crimes listed under Minnesota Statutes, section 245C.15, and will report potentially disqualifying convictions and other criminal history obtained from the above sources to MNsure. MNsure is hereby authorized to share this information as necessary with my organization if MNsure determines that certification as a community assistance partner is not appropriate on the basis of my criminal history check. Unless I consent to further release of private information in excess of the consent provided below, access to this information will be limited to individuals whose jobs reasonably require access to this information. However, I understand that state and federal laws may authorize further release of private information without my consent.

Last Name First Name Middle Name

List any other names by which you have been known: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Race/Ethnicity: _____ Social Security #(optional): _____

Gender: _____ MN Driver's License or MN State ID Number: _____

I authorize MNsure to request a search of my record for any criminal history; I authorize the Minnesota Department of Human Services, Background Study Division to obtain the above information and to provide the information to MNsure; and I authorize MNsure to utilize any data received in such search in the community assistance partner application evaluation process. This includes communicating certification decisions contingent upon my background check to my organization.

Signature Date