NETStudy 2.0 Background Study Consent Form

MNsure is 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 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.

Study Subject Information

Study subjects must have an authorized agency contact submit this signed form and an accepted form of identification online to MNsure.

Please indicate one form of unexpired identification that you will use for all steps of this process:

> State issued Driver's License (issued by a U.S. state or territory)
>
> State issued Identification Card (issued by a U.S. state or territory)
>
> U.S. Passport or U.S. Passport Card

The information entered here must match your selected form of identification and it must also be the same identification you use when you complete the fingerprinting and photograph process.

First Name   Middle Name

Last Name

Current home address

City   State   ZIP Code

Sex/Gender   F   M   X

Date of Birth

Driver's License, Passport or State Identification number

List any other names by which you have been known:

List any other place in the United States you have lived in the last past 5 years:

State	Year from:	Year to:
State	Year from:	Year to:
State	Year from:	Year to:
State	Year from:	Year to:
State	Year from:	Year to:

Attestation and Signature

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.

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

The form must have a handwritten "wet" signature or follow the MNsure Electronic Signature Policy available on Assister Central under Shared Resources. Signing this form with a Digital ID meets the electronic signature requirements.

MNsure's Accessibility & Equal Opportunity (AEO) office can provide this information in accessible formats for individuals with disabilities. The AEO office can be reached at 651-539-2099 or 855-366-7873 or AEO@MNsure.org.