

MARSHALL COUNTY GROUP HOMES, INC

PO Box D

Argyle MN 56713

Phone: 218-437-6695

Fax: 218-437-6694

MEMO TO: Prospective Employees

FROM: Shannon Henrickson

REGARDING: Application and Background Clearance Forms

Please complete, date and sign the following and return to the Group Home:

1. Application
2. Background Study Notice of Privacy Practices
3. Net Study Background Check
4. MN Department of Public Safety Authorization Form
5. Privacy Notice

You may keep for your records the MN Department of Human Resources Background study Privacy Notice and the Summary of your rights under the fair credit reporting act.

*Please call to set up a time to visit the home where you would be interested in becoming an employee.

___ Carol Urbaniak, Cedar Place North, 603 Cedar Ave, Argyle, MN 218.437.6697

___ Jody McLean, Cedar Place South, 601 Cedar Ave, Argyle, MN 218.437.6696

___ Mary Kay Stinar/Lori Goroski, Marshall Place, 509 W Robert Ave, Warren, MN 218.745.4557

___ Cindy Blacklance, River Place, 705 N 2nd Street, Warren, MN 218.745.6400

___ Liz Anderson, In Home Family Support Program 218.201.0314

Thank you for your interest in working at one of our homes!

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () Cellular/Other Phone # () E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Other Internet _____
- School _____
- Job Fair _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you is _____ : _____ AM
PM
 Home Cellular/Other

May we contact you at work? Yes No
If yes, work number and best time to call:
() : _____ AM
PM

If you are under 18 and it is required,
can you furnish a work permit?..... Yes No
If no, please explain: _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No
If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment
following an extended military leave of absence
from this company?..... Yes No
If yes, additional information may be requested.

Are you legally eligible for employment
in this country? Yes No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
attendance requirements of the position? ... N/A Yes No

Will you work overtime if required?..... Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability.
Please do not provide information about the existence of a disability, particular
accommodation, or whether accommodation is necessary. These issues may be
addressed at a later stage to the extent permitted by law.

Yes No Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Have you entered into an agreement with any former employer or
other party (such as a noncompetition agreement) that might, in any
way, restrict your ability to work for our company?..... Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- Word Processing _____ Years: _____ Internet _____ Years: _____
- Spreadsheet _____ Years: _____ Other _____ Years: _____
- Presentation _____ Years: _____ Other _____ Years: _____
- E-mail _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.





BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

What if my disqualification is set aside?

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

Will my fingerprints be kept?

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

What information can the fingerprint and photo site view and keep?

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

Who can see my photo?

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

What are my rights about the information you have about me?

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services
 Background Studies Division
 NETStudy 2.0 Coordinator
 PO Box 64242
 St. Paul, MN 55164-0242

How long will DHS keep my background study information?

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct background studies?

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

What if I think my privacy rights have been violated?

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services
 Privacy Official
 PO Box 64998
 St. Paul, MN 55164-0998

Signature: _____

Date: _____

NET STUDY BACKGROUND CHECK

(last) (first) (middle)

Aliases (maiden name, nickname, etc.)

Address

Date of Birth Age Gender Phone number

Race (check One)

- Caucasian
- American Indian/Alaskan Native
- Hispanic
- Japanese
- Black or African American
- Asian
- Pacific Islander
- Other

Eye Color Weight

Hair Color Height

Place of Birth (state)

Driver's License number

Social Security Number

Authorize the conducting of a NETStudy to obtain information on Criminal History from the State and Local agencies and to disclose the information to the Minnesota Department of Human Services, Marshall County Group Homes Inc. and Marshall County Social Services.

Consent expires one year from this date.

Date

Signature (person giving consent to release information)



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

DRIVER AND VEHICLE SERVICES

445 Minnesota Street, Saint Paul, MN 55101-5161

Phone: (651) 296-2940 TTY: (651) 282-6555 Web: dvs.dps.mn.gov

Authorization Form (Grant Access to Record)

Date: _____

I, _____, _____, _____
First Name Middle Name Last Name

hereby authorize SHANNON MARIE
First Name Middle Name

HENRICKSON, for Marshall County Group to obtain and/or pick up the following item(s) and/or
Last Name Homes, Inc.

record information from Driver and Vehicle Services:

Record Type:

- Motor Vehicle
- Driver's License
- Limited Driver's License
- Other: _____

Authorizer's Signature X _____

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

Certification I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

You may keep.



Minnesota Department of **Human Services**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES LICENSED FACILITIES
EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES,
PROFESSIONAL SERVICES AGENCIES, CHILDREN'S THERAPEUTIC SERVICES & SUPPORTS**

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. Minnesota Statutes, chapter 245C, also permits DHS to conduct background studies when initiated by children's therapeutic services and supports providers under section 256B.0943. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.

5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

6a. If CURRENT background study results in a disqualification that is set aside upon reconsideration: If you are disqualified as a result your background study, and you request reconsideration and your disqualification is set aside for the program/agency that initiated the current background study, subsequent background studies initiated by other programs/agencies may result in the disqualification being set aside for other programs/agencies when the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiates the subsequent background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiates the subsequent background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)

6b. If a PREVIOUS background study resulted in disqualification that was set aside: If you were the subject of a previous background study which resulted in your disqualification, and your disqualification was set aside upon reconsideration, DHS will review the information in your record in connection with your current background study and determine whether the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiated the current background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiated the current background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)

DATA PRIVACY
YOUR RIGHTS UNDER MINNESOTA'S
DATA PRACTICE ACT AND DATA PRIVACY RULES

Federal and State laws require this agency:

- TO PROTECT YOUR PRIVACY.
- TO LET YOU SEE THE INFORMATION WE HAVE ABOUT YOU.
- TO EXPLAIN OUR NEED FOR AND USE OF INFORMATION ABOUT YOU.
- TO EXPLAIN YOUR RIGHTS REGARDING INFORMATION.

PRIVACY

Most of the information we collect about you will be classified as private. That means you and the government agencies who need the information can see it; others cannot. Occasionally statistics and other anonymous data will be taken from the information we collect about you. This is public and open to anyone, but it will not identify you in any way.

In a few cases, information we collect is classified as confidential. Confidential data is not open to anyone (not even you) except the government agencies that need it. Data in this category deals with adoption, civil or criminal investigations, some medical data, and the names of a person who reports child or vulnerable adult abuse.

ACCESS BY YOU

You can see all public and private records about yourself and your children (see the section on "Minors" for an exception). Access may take seven to ten business days; 30 days is the longest you will have to wait by law. You may also authorize anyone else to see your records. Most access is without charge, but you may be charged for copies. Remember to bring identification with you when you go to see your record, such as driver's license or birth certificate.

ACCESS BY OUR STAFF AND BY THE AGENCIES LISTED BELOW

Employees of this clinic will have access to information about you any time their work requires it. Others who may have access include our attorney, insurers, or other person who may become involved with legal or financial aspects of your case. By law, some other government and contractor agencies will also have access to certain information about you if they provide a service to you or if they provide a service to this clinic that affects you and requires access to your records. The other agencies that may have access to information about you are:

- Social and Human Service Agencies
- The Social Security Office
- The U.S. Department of Health and Human Services
- The Minnesota Department of Human Services
- The MN Department of Economic Security
- The Housing and Redevelopment authority
- Relatives who may be responsible for your welfare in accordance with State Law
- Judiciary and any other agency to whom access is permitted by a valid court order
- Multidisciplinary case consultation teams and county social service departments for investigation of abuse and neglect of children and vulnerable adults
- Any individual or agency to whom you authorize access

PURPOSE

The purpose of the information we collect from you or that you authorize us to collect from other are listed below.

- To determine the appropriateness of service
- To provider effective care and treatment of mental health
- To enable us to collect federal or state or insurance funds for the services, care, or assistance that you or your family receives from this agency
- To develop treatment guidelines
- To prepare statistical reports and for evaluative studies (you will not be identified in the report or studies).
- To permit this agency to collect from the county welfare or human services agency the payments they owe us for the care and treatment you receive.
- To evaluate and audit programs
- Other purposes specifically authorized by you

OTHER RIGHTS

State and federal law secure other rights when you give information to a government agency.

- You have the right to refuse to give information that is not, under the law, considered necessary for your participation in a program, without that refusal affecting your eligibility;
- You have the right to refuse to give any information; (if you do not give needed information, you will probably not be accepted for the services you are applying for);
- You have the right to challenge the accuracy of any of the information in your record; (if you want to challenge any information, write to the clinic director or talk to the person who works with you at this clinic. Your challenge must be answered in 30 days);
- You have the right to insert your own explanation of anything you object to in your records;
- You have the right to appeal the decisions about your records.

To file an appeal, you can contact the CEO at the administrative office:

805 Pacific Ave, P O Box D
Argyle, MN 56713
Phone: 218-437.6695

OR write direct to: Commissioner of
Administration, State of Minnesota, 50 Sherburne
Avenue, St. Paul, MN 55155.

Your notice of appeal should contain the following elements:

- ❖ Your name, address and phone number, if any;
- ❖ A statement that the person responsible for your records is as you designated;
- ❖ The name of the agency involved in your appeal; - A description of the nature of the dispute including a description of the data.
- ❖ The desired results of your appeal.

** This notice must be filed within 60 days of the action being appealed.

MINORS

If you are a minor, you have the right to request that data about you be kept from your parents. This request should be in writing and both explain the reasons for withholding data from your parents and show that you understand the consequences of doing so. If you have any questions about this, ask the staff person who works with you.

WHOM TO CONTACT

If you have any questions regarding the Data Privacy Act or any of the information above, write to: Commissioner of Human Services, 444 Lafayette Rd, St. Paul, MN 55155. Attention: Data Privacy Office. You may call (651) 296-2701.

Signature: _____ Date: _____

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ: ይህንን ደብዳቤ ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፣ የጉዳዩን ስራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက သင့်လူမှုရေးအလုပ်သမား အားဝေးမြန်း ခြင်းသို့ မတူဝတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ထိသည့်ထိသားဘဉ်တက့်. ဝဲန့ဗ်လိဉ်ဘဉ်တံဃဇာကလိလံတံကကျိးထဲဝဲန့ဉ်လိဉ် ထိလိဉ်ခိတခါခံန့ဉ်,သံကွာ်ဘဉ်ဂုာ်ဂိအဂုာ်မဇာတံလံန့ဉ်မုတ မုာ်ထိးဘဉ် 1-844-217-3549 တက့်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawiwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

01/18



For accessible formats of this publication, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA Coordinator. (ADA4 [9-15])

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: C a person has taken adverse action against you because of information in your credit report; C you are the victim of identify theft and place a fraud alert in your file; C your file contains inaccurate information as a result of fraud; C you are on public assistance; C you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

You may keep this for your records.