



**Minnesota Department of Human Services
Division of Licensing – Family Systems Unit**

Supplement to Recommendation Form (DHS-3324) For CFC/AFC/FADS

****Submit this form with the DHS-3324 form when Background Studies (BGS) are completed via NETStudy for NEW PROGRAMS ONLY**
The purpose of this form is to notify DHS of BGS' submitted under your agency facility ID number [40xxx or 42xxx] so that those BGS' can be connected to the new CFC/AFC/FADS license before it is issued.**

(Please do not submit a 3324 for a new license until all BGS' required for the new license application have been completed.)

Please Check One CFC

AFC and/or FADS

Study ID #	Name Last, First, Middle	Relationship to Program* CI or HH or Staff or OP	Date of Birth mm/dd/yyyy	DHS- BGS Completed Date
		Controlling Individual (CI)- Required		

*Key: CI= Controlling Individual
HH= Household Member
Staff= Employee of Program
OP=Other Person Requiring a BGS

AGENCY INFORMATION:

Licensors Name (Print Clearly): _____

County/Private Agency: _____

Facility ID Number: 42_____ **OR** 40_____

Telephone Number: (____) _____