REQUEST FOR RECONSIDERATION OF DISQUALIFICATION FORM

Return this form to: Minnesota Dept. of Human Services, Division of Licensing, Family Systems Unit
Licensing Division, PO Box 64242 St. Paul, MN 55164-0242

(PLEASE TYPE OR PRINT)

DHS RRDQ (4/08)

Type:
- ☐ Child Foster Care
  - o Relatives only
  - o Relatives and non-relatives
  - o Non-relatives only
- ☐ Family Child Care
- ☐ Adult Foster Care

☐ Applicant
☐ Current License Holder/Corporation

License Number(s):_____

_____
Name of License Holder or Corporate Contact (person who should receive sensitive information about disqualifications)

_____
Corporation Name and Address (if applicable)

_____
Site Address

_____
City State Zip Code

_____
County

Disqualified Person

☐ New ☐ Repeat Request for Reconsideration

_____
Name (First, Middle, Last)

_____
Address

_____
City State Zip Code

_____
County

_____ _____
Date of Birth Relationship to License Holder

Date of Disqualification Letter: _____

Recommending Agency: _____

Agency Licensor: _____
(Please Print)
Phone number: (_____) _____ - _____

Please attach supporting documentation including:
- ☐ Copies of BCA report and all pertinent law-enforcement and/or court reports/records (including changes in level of conviction.)
- ☐ County recommendation of Set Aside, Not Set Aside, or Not Set Aside with a Variance, and any other comments.
- ☐ Copies of letters of Disqualification sent to subject and license holder.

Admission	Preponderance	Conviction	Adjudication	Statute Number(s):	**Name of Crime(s):**	Date of Incident:	Level at Time of Initial Charge: Mis-demeanor	Gross Misd.	Felony	Date of Conviction: Sentence:	Discharge from Sentence:	Level at Discharge of Sentence: Mis-demeanor	Gross Misd.	Felony

☐ **Adult** ☐ **Minor** **Maltreatment Determination** ☐ **Serious** ☐ **Recurring** Date(s) of Incident(s): _____ Date(s) of Determination(s):_____

*Please supply a copy of the maltreatment report. IF the disqualification is based on a county maltreatment determination where the incident occurred **on or after July 1, 1997**, please answer the following questions and **provide documentation** (notification letters etc.) to support **each of the following:**

	Yes	No
• Was subject notified of the maltreatment finding?		
• Was subject notified of his/her right to request reconsideration w/in 15 days?		
• Did subject exercise his/her right to request reconsideration w/in 15 days? *If yes, what was the date that the county received the request for reconsideration? Date:		
• Did agency complete the maltreatment reconsideration within 15 days? *If yes, on what date did the agency notify subject of the reconsideration determination? And, what was the Outcome? ☐ Upheld ☐ Reversed ☐ Not Reconsidered (Supply copy of decision) Date:		
• Was the subject notified of his/her right to request a fair hearing w/in 30 days? *If yes, on what date did the agency notify subject of his/her right to request fair hearing? And, what was the outcome? ☐ Upheld ☐ Reversed ☐ Withdrawn (Supply copy of decision) Date:		