



**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
		<b>Controlling Individual (CI)- Required</b>		

\*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: (\_\_\_\_) \_\_\_\_\_