



BACKGROUND STUDY FORM

RETURN THIS FOR TO:  
MN Department of Human Services  
Licensing Division  
444 Lafayette Road North  
St. Paul, MN 55155-3842  
651-296-3971 / 651-282-6832 (TTY)

AGENCY NAME:  
New Millennium Health Care  
Agency ID # 21361  
Agency Type MDH H

**MUST BE FILLED OUT IN BLACK INK**

RESULTS OF THIS FORM WILL BE MAILED  
TO THE SUBJECT AND TO:  
John Arndt  
7931 6<sup>th</sup> Street NE  
Spring Lake Park, MN 55432  
(763) 780-9932

PRIVACY NOTICE

Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice" (dated 09/01/2003). It is available from the agency who is initiating this study of you, or by calling 651-296-3971 / 651-282-6832 (TTY)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other Last Names You may have used

Other First Names You may have used

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Num: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

City: \_\_\_\_\_

MN Driver's License/  
MN State ID (if any) \_\_\_\_\_

State: \_\_\_\_\_

Race: \_\_\_ Asian \_\_\_ Pac. Islander

Zip: \_\_\_\_\_

\_\_\_ Unk/Other \_\_\_ African American

Gender: \_\_\_ Male  
\_\_\_ Female

\_\_\_ Caucasian \_\_\_ Native American