



**Department of Public Health and Human Services
STATE OF MONTANA**

Release of Information

Registered and Licensed Child Care Providers
Criminal, Protective Services and Motor Vehicle

Background Checks

The facility name: _____

Director Name: _____ **PV#** _____

My role with this facility is:

Family and Group

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Substitute Provider | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Non-provider Staff | |

My role with this facility is:

Center Child Care

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Non-Provider |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Aide | |
| <input type="checkbox"/> Substitute | |

Legal Name: _____
(Last) (First) (Middle) (Maiden)

Date of Birth: _____ **Social Security#** _____
Mo-Day-Year

Sex: Female Male

Residential Address: _____
(Street) (City) (State/Zip Code)

Past residences:

Yes **NO** 1- Have you lived in another state(s)? If yes, please list below.

Yes **NO** 2- In the last 5 years, have you lived or do you now live in an area designated as an Indian reservation?

A) If yes, are you a tribal member? **Yes** **No**

B) If you are a tribal member, please complete a tribal or a FBI background check.

State	Country	Date(s) of Residency	Reservation

Authorization Statement and Signature

I, (Applicant Name) _____ am aware that DPHHS/QAD/CCL, has requested confidential information, in accordance with 41-3- 205(3) (o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that Child and Family Services Division (CFSD) and Department of Justice records may contain information that could adversely affect my employment or volunteer status/approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, motor vehicle records as well as any report(s) of child abuse or neglect in Montana that indicates a risk to children. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that shows that the person has had their caregiver rights to a child terminated. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with Dept. of Public Health and Human Services (DPHHS) to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to the provider or its authorized representative identified above, and I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

X

Signature

Date