DPHHS-QAD/CRL-18
(Revision 9-19)

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

- RELEASE OF INFORMATION -
For Adult and Youth Care Facility Providers
Criminal / Protective Service / Motor Vehicle
Background Checks

PERSONAL INFORMATION

Section A – Current Information

Phone # _____

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

Aliases/Other Names Used: _____

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

Mailing Address: _____
(Street) (City) (State) (Zip)

Sex: [ ] Male [ ] Female Date of Birth: _____ Social Security #_____

Section B – Past Residences

Within the last five (5) years, have you…

1. …lived in another state? [ ] Yes [ ] No
2. …lived on or do you now live in an area designated as an Indian reservation? [ ] Yes [ ] No

If you answered yes to any of the above questions:

- Please state where you have lived within the past five (5) years below.
- You will need to obtain an out of state background check or a tribal background check at your cost or providers cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Employment Status

The facility that I am applying / living at is:

Director Name / Facility Name: _____

Facility Mailing Address: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Section D – Authorization Statement and Signature

I, _____ (applicant name), am aware that _____ (provider or its authorized representative and DPHHS/QAD/CRLP), has requested confidential information from the Montana Department of Public Health and Human Services and Department of Justice, in accordance with 37-97 Subchapter 1 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 CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.97.132 and ARM 37.97.140. These records will relate to any substantiated report(s) of child abuse or neglect in Montana, criminal history records, and motor vehicle records. As a household member/facility staff, 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 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_____ (provider or its authorized representative), and **I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.**

Signed: _____ Date: _____