



## Attestation

- I understand I am required to complete CPR and First Aid training before providing unsupervised care to children.
- All of the information provided in this form is true and accurate.

**Statement of Health Attestation:**

Applicant and providers must meet certain personal health requirements. As the agency responsible for child Care registration/licensing, the Department of Public Health and Human Services must ensure that the health of each provider is adequate to meet the demands of the care being provided.

- I attest that I have no disabling chronic conditions; physical, mental, or emotional illness that would prohibit me from meeting the requirements of my role type.

X

Employee Signature

Date



**Authorization Statement and Signature**

I, (Applicant Name) \_\_\_\_\_ am aware the following person/provider/facility (name) \_\_\_\_\_, 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

# Out of State Criminal History Background Checks

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ARM 37.95.161(3) states “If the provider, staff member, volunteer, resident of the facility, or any person who regularly or frequently stays in the facility, has lived outside of Montana for any portion of the previous 5 years, that person must submit a completed fingerprint card so that a fingerprint based criminal records check can be requested.”

\* The child care provider is responsible for all costs associated with obtaining out of state background checks.

If you have lived ONLY in a state within the Western Identification Network (WIN), you will need to follow that process to obtain a background check.

If you have lived in a WIN state and any other state within the last five years, you will need to follow the FBI background check process.

## **Western Identification Network Check**

The Western Identification Network (WIN) Check only works for the following states:  
Alaska, Oregon, Idaho, Wyoming, Utah, Washington, and Nevada.

In order for a WIN background check to be conducted, you will need to have your fingerprints rolled at your local Law Enforcement Agency.

Then submit the following:

- Fingerprint cards;
- Fingerprint Release of Information Form;
- Check or money order for \$10.00 made payable to **Montana Criminal Records**.

## **FBI Background check**

In order for an FBI background check to be conducted, you will need to have your fingerprints rolled at your local law enforcement agency.

Then submit the following:

- Fingerprint cards;
- Fingerprint Release of Information Form (must send to **DPHHS/QAD/CCL**);
- Check or money order for \$27.25 made payable to **Montana Criminal Records**.

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(OR)

<b>Please mail FBI fingerprint card to:</b> DOJ/Montana Criminal Records PO Box 201403 Helena, MT 59620-1403	<b>Please mail FBI fingerprint card to:</b> DPHHS/QAD/CCL PO Box 202953 Helena, MT 59620-2953

## How to Fill Out Fingerprint Cards

### Child Care Licensing

<b>APPLICANT</b>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK					LEAVE BLANK
		LAST NAME Doe	FIRST NAME Jane	MIDDLE NAME Margaret			
SIGNATURE OF PERSON FINGERPRINTED <i>Jane Doe</i>		ALIASES Brown, Jane Smith, Jane		CITY MT025025Y		DATE OF BIRTH 01 01 1976	
RESIDENCE OF PERSON FINGERPRINTED 1234 5 <sup>th</sup> Ave Helena, MT 59601		CITIZENSHIP US		SEX F	RACE white	HT 5'6"	WT 150
DATE 6/15/17	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Whitney Zehm</i>	YOUR NO. 00A		HAIR Grn	BLD BLD	PLACE OF BIRTH Helena, MT	
EMPLOYER AND ADDRESS DPHHS-QAD		FBI NO. 00		LEAVE BLANK			
RELATIONSHIP TO APPLICANT NCPA/VCA Child Care Licensing		ARMED FORCES NO. 0000		CLASS			
		SOCIAL SECURITY NO. 123-45-6789		REF.			
		MISCELLANEOUS NO. 0000					
EXAMPLE							
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		I. THUMB	II. INDEX	III. MIDDLE	IV. RING	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

This is an example of how the form must be filled out. Please send the original hard stock card with your prints and check or money order to MT Criminal Records in Helena. Please be sure to mail the FBI Release of Information Form to Child Care Licensing with the rest of your paperwork.

*\*Each fingerprint card should be examined to ascertain all information that is required on the fingerprint card has been provided and is legible. Incomplete cards will not be processed and will be mailed back. All fingers need to be in the correct position and rolled. To avoid delays, ask the requestor of the background check or call Montana Criminal Records at (406) 444-3625 for assistance.*

**APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993**  
**AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT**

(This document consists of two pages)

To \_\_\_\_\_ PV# \_\_\_\_\_:  
(your name)

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) DPHHS/QAD - Licensure for the position of (please be specific) CHILD CARE staff or household member.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act(VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ NCPA/VCA20120611

