



Department of Public Health and Human Services

Quality Assurance Division ♦ 2401 Colonial Drive 2nd Floor ♦ Helena, MT 59620 ♦ Fax: (406) 444-1742

State of Montana
Department of Public Health and Human Services
Quality Assurance Division
Community Residential Licensing Program

New Hire Packet

- § Release of Information Form (DPHHS-QAD/CRL-18 Revised 9/19) *
- § Personal Statement of Health Form (DPHHS - QAD/CRL-005 Revised 07/11) *
- § Applicant Rights and Consent to Fingerprint Form *
- § NCPA/VCA Applicants (FBI) Form *
- § Privacy Act Statement *
- § FBI Fingerprint Cards **
- § Payment for FBI Fingerprint Background Checks **

* Mail to QAD

** Mail to QAD if prints not taken at Livescan location

MAIL TO:
DPHHS/QAD/CRPL
PO Box 202953
Helena, MT 59620-2953

Contact us:
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DPHHS-QAD/CRL-25
(New 9-19)