

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
QUALITY ASSURANCE DIVISION

**RELEASE OF INFORMATION (For Licensed Youth and Adult Care Providers)**  
**Criminal and Protective Service Background Checks and Release of Driving Record**

Please Type Or Print Legibly

**Section A**

Facility Name \_\_\_\_\_ Facility Location \_\_\_\_\_

Actual or prospective date of hire at facility \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
                                    First                                      Middle                                      Maiden                                      Last

Aliases/Other Names Used \_\_\_\_\_

Applicants Current Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex {    } M {    } F

Drivers License# \_\_\_\_\_ Social Security# \_\_\_\_\_

**Section B**

Please list below where you have resided in the past 5 years. Attach additional pages if necessary

CITY	COUNTY	STATE	DATES (FROM – TO)

**Section C**

I understand that any information obtained from these checks will be used by the Department to evaluate my employer's application or my own application as a licensed provider. I hereby authorize any law enforcement, protective services agency or the Montana Motor Vehicle Division to release any records they have regarding me to the State of Montana, Department of Public Health and Human Services and (if applicable) to my employer or perspective employer as indicated in Section A of this form.

A copy of this form is as valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To be signed in front of a Notary

**To be completed by Notary Public:**

Taken, sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D.20 \_\_\_\_\_

Notary Public for the State of Montana Residing at: \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**RETURN TO: DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**  
**QUALITY ASSURANCE DIVISION-LICENSURE BUREAU**  
**2401 COLONIAL DR 2<sup>ND</sup> FLOOR**  
**PO 202953**  
**HELENA MT 59620-2953**