DPHHS-CFS/LIC018
(Rev 3/1/2013)

STATE OF MONTANA
Department of Public Health and Human Services

RELEASE OF INFORMATION

Criminal/ Motor Vehicle/Protective Service Background Checks

Section A **PLEASE PRINT LEGIBLY**

Name: _____
First Middle Maiden Last

Aliases/Other Names Used: _____

Current Physical & Mailing Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Social Security #: _____ Driver's License # _____

Phone: ( )

Section B **Adults:**

Please list below where you have resided since age 18.

Birth date of oldest child: _____(*for resource family applicants only*)

Pursuant to A.R. M. 37.51.310(7) A Child Protective Service check will be requested from all states in which an applicant has lived since the birth date of the applicant's oldest child.

If applying to adopt a child, and the person listed in section A is under age 18, please list below where the person named in Section A has resided since **age 13.**

Pursuant to Mont. Code Ann. § 42-3-203(2)(b), the Department may complete a youth court records check on any person living in the prospective adoptive home.

Please attach additional pages if necessary:

City	County	State	Dates of Residency (From – To)

Section C

I am an applicant for:

Please check as many as apply:

☐ a Child Placing Agency employee/volunteer

☐ Licensed Kinship Care ☐ Unlicensed Kinship Care ☐ Foster Care
☐ Adoption ☐ Guardianship

OR

☐ a member of _____'s household who is applying to be
(name of applicant)

licensed or approved

Section D (Authorization Statement and Signature)

As part of the initial and subsequent annual application process for youth care or application for employment/ volunteer of a Child Placing Agency, I am aware that _____ (provider or its authorized representative) has requested confidential information from Montana Department of Public Health and Human Services in accordance with 41-3-205(n)and(o), and 52-2-622MCA as part of a review of my personal background in connection with my status as a prospective resource parent, or member of household, employee or volunteer of that entity.

I am aware that this release pertains to 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 a child in their care was adjudicated by a court as a youth in need of care; and/or a history that shows that the person has had their caregiver rights to a child terminated. This release also pertains to any criminal history records and motor vehicle records and may contain information that could adversely affect my approval/licensure as outlined in ARM 37.51.216 or employment/ volunteer status as outlined in ARM 37.93.110 and ARM 37.93.204.

I understand and agree that this signed and notarized release of information remains valid for criminal and Motor Vehicle background checks conducted annually by the Department for purposes of licensure renewal.

I hereby authorize any law enforcement, motor vehicle or protective services agency to release all records they have regarding me to the State of Montana, Department of Public Health and Human Services. I hereby authorize release of such information by the Department to any Licensed Child Placing Agency (if applicable) in the State of Montana. A copy of this form is as valid as the original

_____

(Agency Name and Address)

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 confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

Note: Any deletions or oversights may result in the denial of your application.

Signed: _____ Date: _____

(To be signed in front of a Notary)

TO BE COMPLETED BY A NOTARY PUBLIC:

State of _____

County of _____

Signed and acknowledged before me on _____ day of _____ A.D. 20 _____

_____ Residing at: _____

Notary Public for the State of _____

Printed Name: _____ My Commission expires: _____