



STATE OF MONTANA
 Department of Public Health and Human Services
Family, Friend & Neighbor Child Care
 Release of Information
 Criminal, CPS, and Motor Vehicle Background Checks

1. Personal Information

I am the applicant I am a member of the household Female Male

Legal Name:
 Last, First, Middle _____

Maiden Name _____ Alias(s) _____

Date of Birth: _____ Marital Status _____ Race _____

SSN _____ DL# _____

Residential Address: _____

City: _____ County: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Tribal Affiliation: Yes No If yes, which one? _____

2. Past Residences

Out of state or tribal background checks, may be required. There may be an associated cost for those background checks. Please indicate if the residence is on an Indian Reservation.

Have you lived in another state in the past five years? Yes No

Date: _____ City: _____ State: _____ Reservation: _____

Date: _____ City: _____ State: _____ Reservation: _____

Date: _____ City: _____ State: _____ Reservation: _____

Have you been convicted of, plead guilty to, or currently charged with a crime classified as an offense against any person or family? Yes No If "Yes," give details, including name of person, date, place and nature of the conviction and disposition:

Have you ever been named as a perpetrator in a Substantiated report of child or adult abuse or neglect (or exploitation of an adult)? Yes No If "Yes," Please explain:

Have you or any person living in the home been convicted of a crime involving, child or Elder abuse or neglect, including sexual abuse, physical assault, or other act of violence? Yes No If yes, please explain.

3. Authorization Statement and Signature

As part of the initial and subsequent annual application process, I do hereby authorize any law enforcement and/or protective services agency to release any records they have regarding me to the State of Montana, Department of Public Health and Human Services.

I am aware that The State of Montana, Department of Public Health and Human Services, 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 said entity.

I am aware that Child and Family Services Division and, Department of Justice records may contain information that could adversely affect my Legally Certified Provider approval. These records will relate to criminal history 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 a child in the care of the person 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. 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 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.

Signature/Date