



## New Hire Packet

Please submit the following required documents for every new staff member:

- 1) Release of Information Form (DPHHS-OIG/CRL-18 Revised 3/24) \*
- 2) Personal Statement of Health Form (DPHHS-OIG/CRL-005 Revised 04/24) \*
- 3) Applicant Rights and Consent to Fingerprint Form \*
- 4) NCPA/VCA Applicants (FBI) Form \*
- 5) FBI Fingerprint Cards \*\*
- 6) Payment for FBI Fingerprint Background Checks \*\* \$30 per person, make payable to DOJ
  - Mail fingerprint cards and payment to either DPHHS/OIG or (DOJ) Criminal Records – see addresses listed below

\* May send through File Transfer (preferred) or mail

\*\* Must be mailed

File Transfer Service can be accessed at: <https://transfer.mt.gov/Home/Login>. Please send New Hire Packets through File Transfer Service to Gayl Kearns: [gayl.kearns@mt.gov](mailto:gayl.kearns@mt.gov)

Please mail cards and payment (may include entire New Hire Packet if preferred) to:

DPHHS/OIG/CRL  
Attn: Gayl Kearns  
PO BOX 202953  
Helena, MT 59620-2953

You may also send Fingerprint Cards and the payment for Fingerprint Background checks directly to DOJ Criminal Records at:

Department of Justice  
Criminal Records  
PO BOX 201403  
Helena MT 59620

Please note: if you send the fingerprint cards and payment directly to DOJ and the card does not contain all required information, including code to have results sent to OIG, OIG will not be able to verify the completion or results of the background check and therefore will not be able to approve or deny the applicant. Additionally, OIG cannot approve/deny employment for individuals whose background check results are received, but we have not received items 1-4 from above.

RELEASE OF INFORMATION -  
For Adult and Youth Care Facility Providers  
Criminal / Protective Service / Motor Vehicle  
Background Checks

PERSONAL INFORMATION

Section A – Current Information

Legal Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

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

Residential Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-Mail Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Sex: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Section B – Past Residences

Within the last five (5) years, have you...

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. ...lived in another state?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. ...lived on an area designated as an Indian reservation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of the above questions:

- Please state where you have lived within the past five (5) years below.

You will need to obtain an out of state background check or a tribal background check at your cost or providers cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Employment Status

*The facility that I am applying/living at is:*

Director Name / Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Section D – Authorization Statement and Signature

I, \_\_\_\_\_(applicant name), am aware that \_\_\_\_\_  
(provider or its authorized representative and DPHHS/OIG/CRLP), has requested confidential information from the Montana Department of Public Health and Human Services and Department of Justice, in accordance with 37-97 Subchapter 1 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 CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.97.132 and ARM 37.97.140 or 37.99.126. These records will relate to any substantiated report(s) of child abuse or neglect in Montana, criminal history records, and motor vehicle records. As a household member/facility staff, 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 \_\_\_\_\_(provider or its authorized representative), and I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

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

- PERSONAL STATEMENT OF HEALTH -  
For Youth Care Facility Providers  
Department of Public Health and Human Services  
Office of Inspector General  
Community Residential Program Licensing

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_MT\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pursuant to ARM 37.97.132(5), a personal statement of health for licensure form provided by the department must be completed for each person subject to the requirements of this rule. The form must be submitted to the department with the initial application for licensure and annually thereafter.

The licensing surveyor completing the facility assessment and/or the Licensure Bureau Chief who issues the license will review this form. In some cases, the answer "yes" to a question may require an evaluation or a statement from your physician or other appropriate professionals to support your responses. The purpose of the questions is to help determine if you have health issues that may affect your ability to safely provide care.

Please answer the following questions by entering an "X" in the appropriate box for each question.

1.    ☐ Yes    ☐ No    Do you have any physical or mental health problems which might affect your ability to provide care?
2.    ☐ Yes    ☐ No    Have you been convicted of a crime involving child or elder abuse or neglect, including sexual abuse, physical assault, or other acts of violence?
3.    ☐ Yes    ☐ No    Have you been named a perpetrator in a substantiated report of child or adult abuse or neglect (or exploitation of an adult)?
4.    ☐ Yes    ☐ No    Are you currently diagnosed or receiving therapy or medication for a mental health problem which might affect your ability to provide care?
5.    ☐ Yes    ☐ No    Have you received counseling or treatment related to a chemical dependency (drugs or alcohol) within the past three years?

If you answered "Yes" to any of the questions above, please explain on the next page.

The department may request additional supportive documentation from your medical practitioner, psychologist, or counselor. If determined to be necessary, the licensing surveyor can discuss with you the type of additional information needed. If an evaluation or statement is needed, the surveyor can assist you in completing the authorization form for your physician or other appropriate professional. Any additional evaluations, tests, or visits to your physician or other professional(s) must be paid by you.

Please use the space below to explain any “Yes” answers marked in questions 1 through 5 on the previous page. Include additional pages if necessary.

Please read, then sign and date.

I certify that I have reviewed the foregoing information supplied by me and that it is true, accurate, and complete to the best of my knowledge. I further certify that I fully understand that any misstatement on my part in completing this health statement is grounds for an adverse license action in accordance with ARM 37.97.115. I understand that this information is confidential and to be used by the Department of Public Health and Human Services for the administration of the licensure program. I hereby consent to the use of the information for such purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> by DPHHS/OIG/CRPL that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes 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.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency 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 <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at [DOJCRISS@mt.gov](mailto:DOJCRISS@mt.gov) or 406-444-3625.

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 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).

NCPA/VCA Applicants

To (Applicant 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) \_\_\_\_\_  
for the position of (please be specific) \_\_\_\_\_.

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.

1. 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).
2. 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.
3. 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.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: \_\_\_\_\_  
First Middle Maiden Last

Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

- [ ] I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:  
[ ] I have not been convicted of, nor am I under pending indictment for, any crimes  
[ ] I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to \_\_\_\_\_ DPHHS/OIG/CRPL.

Livescan: [ ] Date Completed \_\_\_\_\_ Fingerprint: [ ] Date Completed \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018