**State of Montana**

Department of Public Health and Human Services

Office of Inspector General

Community Residential Licensing Program

**New Hire Packet**

§ Release of Information Form (DPHHS-OIG/CRL-18 Revised 9/19)\*

§ Personal Statement of Health Form (DPHHS - OIG/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 OIG

\*\* Mail to OIG if prints not taken at Livescan location

**MAIL TO:**

DPHHS/OIG/CRPL

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