

## Legally Unregistered Provider (LUP) Program Release of Information Criminal/Protective Service Background Checks

**Section A:** *Please Print Legibly*

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

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

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Born In MT? \_\_\_\_ Yes \_\_\_\_ No Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex:  Male  Female

Please Check one: I am:  an applicant applying to be a legally unregistered child care provider.  
 the spouse of the applicant.  
 a member of the applicant's household.

**Section B:**

Have you lived outside the State of Montana since you were 18?  Yes  No

What counties in Montana have you lived in? \_\_\_\_\_

If yes, please list below. You will need to contact each state for the necessary background check. If you choose not to contact each state for criminal background checks, you have the option of doing an FBI fingerprint check. Ask your Child Care Resource & Referral worker for more information.

CITY	COUNTY	STATE	RESERVATION	DATES OF RESIDENCY (FROM - TO)

**Section C:**

As part of the initial and subsequent annual application process, I 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 understand that any information obtained from these checks can be used by the Department to evaluate my application for license or registration certificate. I hereby authorize release of such information to any registered or licensed child or adult care facility in the State of Montana employing me or considering my application for employment. A copy of this form is a valid as the original.

\_\_\_\_\_  
*Name* \_\_\_\_\_  
*Date*

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