

Participant Name

Montana Health Solutions, Inc.,  
607 SW Higgins  
Missoula, MT

## CONSENT AND RELEASE FORM FINGERPRINTING AND CRIMINAL HISTORY REVIEW

This form must be completed and signed by the applicant before the live scan fingerprinting can be completed and the FBI and state clearances initiated. The signed copy of this form MUST be kept in the Human Resources file of the employer.

FBI and state criminal background clearances are requirements of the National Background Check Program and are requisites for employment with a long-term care facility or a provider of long-term care in the District of Columbia. Applicants with criminal background checks over six (6) months old must be re-fingerprinted (live scanned) when applying for placement in a long-term care facility or with a long-term care provider where the applicant will have direct access to patients. This includes when an applicant changes employment from one long-term care facility or provider to another.

You will undergo live scan fingerprinting and a criminal background check prior to working with a long term care facility:

1. The applicant's live scan fingerprinting and FBI and state criminal background checks will be completed by the DC Department of Health's designated channeler and will be used to determine if the applicant has a criminal history on file with the Federal Bureau of Investigation (FBI) and Local Law Enforcement Criminal History Repository(s).
2. The DC Department of Health will receive and review the FBI and state criminal background check reports to determine if the applicant is eligible to work in a long-term care facility or with a long-term care provider where the applicant will have direct access to patients.
3. All information provided to the DC Department of Health, Health Regulation and Licensing Administration is confidential and will be used only to make a Fitness Determination based on applicable laws and regulations.
4. Before an applicant can be provisionally employed, the applicant must have the "Live Scan Fingerprinting Form" signed and dated by the designated vendor's live scan fingerprinting technician; the signed and dated "Live Scan Fingerprinting Form" must be returned to the prospective employer to confirm that the live scan fingerprinting was completed, and the signed form must be placed in the employee's personnel file.

I hereby authorize law enforcement agencies and the Federal Bureau of Investigation (FBI) to retain the live scan fingerprint scan in the central repository's master file for the sole purpose of identifying the same against any criminal arrest(s), or conviction(s); and for identifying any subsequent criminal arrest(s) or conviction(s) through a "Rap Back" Program designed to update and report subsequent criminal history information on a previously cleared applicant.

I authorize the District of Columbia's law enforcement agencies and the Federal Bureau of Investigation (FBI) to release my criminal history information to the DC Department of Health to determine my eligibility for employment with a long-term care facility and/or provider in accordance with applicable laws and regulations.

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form.

Montana Health Solutions, Inc.,

Name of Facility where you are applying

Print Applicant's Name

Applicant's Signature

Today's Date

05205

