

## INSTRUCTIONS FOR COMPLETING THE BACKGROUND AUTHORIZATION FORM

This form must be completed as directed. No other form will be accepted.

The most common mistakes made when requesting a background check:

- Boxes are blank.
- Handwriting cannot be read.
- Wrong form is used.
- Applicant is less than 18 years of age and the parent or guardian did not sign the form.
- Date signed is older than three (3) months from the date received by the Background Check Central Unit.

### **SECTION 1: To be completed by the entity requesting the background check.**

1. Required. List entity requiring background check. An entity may include a DSHS office, child placing agency, contractor, licensed facility, license applicant, provider, contracting agency, facility or home where care/service is provided, or parent. Contact the DSHS office you receive services from to find out what entity name should be listed.
2. Required. The person requesting the background check must print and sign their name.
3. Required **ONLY** for Children's Administration, Economic Services Administration, Aging & Disability Services Administration, and DSHS state employment.
4. Each DSHS office and entity required to conduct background checks through the Background Check Central Unit (BCCU) has an assigned BCCU Account Number. BCCU Account Numbers can be found at <http://www1.dshs.wa.gov/msa/bccu/index.htm>. Background check results are returned to the address or fax number associated with the BCCU Account Number. Please report any errors in address or fax number to BCCU at [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov) or (360) 902-0299. Please include the BCCU Account Number in your email.
5. Optional. Many DSHS offices need an identification (ID) number to match results to DSHS clients, licensees, contractors, or DSHS offices and staff. An identification number may include, but is not limited to a parent or guardian's Social Security Number, client ID, DSHS worker ID, facility business ID. Contact the DSHS office you receive services from to find out if an identification number is needed.

### **SECTION 2: To be completed by the applicant (person to be checked). DSHS employees conducting an Adult Protective Services (APS) or Child Protective Services (CPS) investigation must complete this section to the best of their knowledge.**

6. Optional.
7. Required.
8. A. Required.  
B. Required. Must include complete name at birth. Write SAME if birth name is the same as current name. Write NONE if you did not have a birth name.
9. Required. Write NONE if you are not known by any other name.
10. Required. Write NONE if you do not have a nickname.
11. Required.
12. Required.
13. Required.
14. Required.
15. Required. Write NONE if you do not have a driver's license or state identification number.
16. A. Required. If you have lived in Washington State for the past three (3) consecutive years but have an out of state driver's license, you may be asked to send your background form and proof of residency to the DSHS licensing or contracting office. Some applicants must complete a fingerprint card if they have not lived in Washington State for the past three (3) consecutive years. Contact the DSHS office you receive services from to find out if you need to complete a fingerprint card. **The Background Authorization form and fingerprint card must be sent together.**  
B. Required. If you have completed a DSHS fingerprint-based check within the past three (3) years and have not lived outside the state since the last fingerprint check, DSHS may use the previous result. Please mark the appropriate answer in Section 2, Box 16.
17. A. Required.  
B. Optional.
18. Read prior to moving to Box 19.
19. Required. If you are less than 18 years of age, your parent or guardian must sign this form.
20. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.

# BACKGROUND AUTHORIZATION

Please print clearly and use **BLACK INK**.

Instructions attached.

## SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1. NAME OF ENTITY REQUESTING BACKGROUND CHECK (REQUIRED)

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2. NAME AND SIGNATURE OF PERSON REQUESTING BACKGROUND CHECK TO BE COMPLETED BY DSHS (REQUIRED)

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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3. PURPOSE OF BACKGROUND CHECK (REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION, ECONOMIC SERVICES ADMINISTRATION (ESA), AGING AND DISABILITY SERVICES ADMINISTRATION (ADSA), AND DSHS STATE EMPLOYMENT)

<b>CHILDREN'S ADMINISTRATION:</b> <input type="checkbox"/> Foster care <input type="checkbox"/> Residential facility or child placing agency employee <input type="checkbox"/> Adoption <input type="checkbox"/> DCFS relative placement <input type="checkbox"/> Subject involved in (or related to) CPS investigation	<b>ESA:</b> <input type="checkbox"/> Family home child care <input type="checkbox"/> Child care center <input type="checkbox"/> School-age center <input type="checkbox"/> In-home relative <input type="checkbox"/> In loco parentis	<b>DSHS STATE EMPLOYMENT:</b> POSITION NUMBER: _____ (WRITE NONE IF NONE) <input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Student internship <input type="checkbox"/> Work study <input type="checkbox"/> Volunteer <input type="checkbox"/> Layoff
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ADSA:  
 Subject involved in (or related to) APS investigation per RCW 74.34

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4. BCCU ACCOUNT NUMBER (REQUIRED)

5. DSHS IDENTIFICATION (ID) NUMBER

## SECTION 2. APPLICANT INFORMATION (COMPLETED BY PERSON TO BE CHECKED)

6. SOCIAL SECURITY NUMBER (OPTIONAL)

7. DATE OF BIRTH (MM/DD/YYYY) (REQUIRED)

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8. PRINT YOUR COMPLETE NAME(S) (REQUIRED):

LAST (WRITE NONE IF NONE)	FIRST (WRITE NONE IF NONE)	MIDDLE (WRITE NONE IF NONE)
A. CURRENT NAME:		
(WRITE SAME IF SAME AS CURRENT NAME)	(WRITE SAME IF SAME AS CURRENT NAME)	(WRITE SAME IF SAME AS CURRENT NAME)
B. BIRTH NAME:		

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9. PRINT OTHER LAST NAMES YOU HAVE BEEN KNOWN BY (WRITE NONE IF NONE) (REQUIRED):

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10. PRINT YOUR NICKNAMES AND OTHER FIRST NAMES YOU HAVE BEEN KNOWN BY (WRITE NONE IF NONE) (REQUIRED):

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11. **Have you been convicted of, or do you have charges pending for any crime?** (REQUIRED) .....  Yes  No  
 If yes, give the crime, state where it occurred, and the conviction date or charge status.  
 Attach additional pages if needed.

Crime: \_\_\_\_\_ State: \_\_\_\_\_ Conviction date: \_\_\_\_\_ Pending charge status:....  Yes  No  
 Crime: \_\_\_\_\_ State: \_\_\_\_\_ Conviction date: \_\_\_\_\_ Pending charge status:....  Yes  No

12. **Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child, juvenile, or adult?** (REQUIRED) .....  Yes  No

13. **Have you ever had a contract and/or license to care for children, juveniles, or adults denied, terminated, revoked, relinquished, or suspended?** (REQUIRED) .....  Yes  No

14. **Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment?** (REQUIRED) .....  Yes  No

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15. LIST CURRENT DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (REQUIRED)  
 (WRITE NONE IF NONE) IDENTIFICATION NUMBER STATE ISSUED

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16. a. List present number of consecutive years and months you have lived in Washington State (REQUIRED): \_\_\_\_\_ Years/\_\_\_\_\_ Months  
 b. Have you completed a **DSHS** fingerprint check within the last three years? (REQUIRED)  Yes  No

17. STREET ADDRESS CITY STATE ZIP CODE COUNTY

A. CURRENT (REQUIRED):

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B. PREVIOUS (OPTIONAL):

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18. I understand I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as an employee, provider, caretaker, licensee, contractor, and/or as an individual authorized to care for or as an individual with unsupervised access to vulnerable adults or children. I hereby authorize DSHS to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. I understand federal and state laws may require release of the results of this background check and any prior background checks in response to public disclosure request or civil discovery. I understand any incomplete or unreadable information may stop or delay processing, and my employment or contractual agreement is contingent upon successful completion and clearance of this background check.

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19. SIGNATURE OF APPLICANT (REQUIRED)  
 IF APPLICANT IS LESS THAN 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN.

20. DATE (REQUIRED)  
 (VALID THREE MONTHS FROM THE DATE OF SIGNATURE)

### FOR USE BY CHILDREN'S ADMINISTRATION AND DCEL STAFF ONLY

CAMIS files checked by \_\_\_\_\_ on date \_\_\_\_\_  No information found  Information