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| **Instructions to request a CPI and complete the required background check.** |
| 1. Review the eligibility criteria in Section 1 to determine if you are eligible to submit a request for a CPI.
2. Complete the request for a CPI using one of the following options:
	1. Online at <https://www.dcyf.wa.gov/safety/can-founded-findings/cpi/cpi-request-form>; or
	2. Complete Section 2 below. This form is available in other languages at <https://dcyf.wa.gov/forms?field_number_value=09-012&title>.
3. Complete the required background application using one of the following options:
4. Online at <https://fortress.wa.gov/dshs/bcs> using Google Chrome web browser and retain the online confirmation code to include in Section 2 below or on the online CPI request form; or
5. Complete the [Background Check Authorization (DSHS 09-653)](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&title) form.
6. Email or mail any of these manually completed forms to dcyf.cpi@dcyf.wa.gov or PO Box 40993, Olympia, WA 98504.

Contact DCYF at dcyf.cpi@dcyf.wa.gov or 1-800-998-3898, option 8, if you have questions about this process or program. |
| **SECTION 1. Eligibility Criteria** |
| DCYF must adhere to the criteria outlined in [RCW 74.13.720(4)](https://app.leg.wa.gov/RCW/default.aspx?cite=74.13.720) to determine if you are eligible to request a CPI. You are not eligible for a CPI if any of the following apply: * It has been fewer than five years since you had a founded finding of child abuse or neglect
* You were previously denied a CPI in the last two years
* You were the subject of a founded finding of child abuse or neglect after receiving a CPI
* You have a founded finding for sexual abuse, sexual exploitation, or physical abuse that involved cutting, burning, interfering with a child’s breathing, shaking a child under age 3, or threatening a child with a deadly weapon
* You have a conviction or pending criminal investigation, or any out-of-state, federal or state conviction for a felony offense that is comparable to:
* Any felony offense involving the physical neglect of a child under [Chapter 9A.42 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=9A.42)
* Any felony offense under [Chapter 9A.32 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=9A.32) or [Chapter 9A.36 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=9A.36) involving a physical injury or death of a child
* Any felony domestic violence offense committed against a family or household member as defined in [Chapter 10.99 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=10.99)
* A felony offense against a child under [Chapter 9.68A RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=9.68A)
* Any of the following felony offenses:
* Any felony defined under any law as a class A felony or an attempt to commit a class A felony
* Criminal solicitation of or criminal conspiracy to commit a class A felony
* Manslaughter in the first or second degree
* Indecent liberties
* Kidnapping in the second degree
* Arson in the second degree
* Extortion in the first degree
* Robbery in the second degree
* Drive-by shooting
* Vehicular homicide
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|  **SECTION 2. CPI Request form** |
| LAST NAME | FIRST NAME | MIDDLE NAME | DATE OF BIRTH |
| PHONE NUMBER | EMAIL ADDRESS | BACKGROUND CHECK CONFIRMATION CODE |

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| RACE (optional)This information is not known when determining to grant you a CPI and will only be used to help DCYF develop meaningful data detailing efforts toward eliminating racial disparities and disproportionalities.[ ]  American Indian or Alaska Native[ ]  Asian[ ]  Black or African American[ ]  Hispanic/Latino[ ]  Native Hawaiian or other Pacific Islander[ ]  White[ ]  Unknown |
| YOUR STATEMENT (optional):      |
| DOCUMENTATION TO INCLUDE (optional):Statements or any documentation that shows how your behavior has changed since the finding of child abuse or neglect will assist this assessment and may include, but not limited to:* Recent assessments or evaluations
* Completion or progress toward completion of recommended court-ordered treatment, services, or programs
* References from employers, professionals, and agencies familiar with your current character
* Any education, volunteer work, employment history, or community involvement
* Other information that indicates changed behavior or rehabilitation
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