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|  | **Background Check Request / Decision** |
| DCYF staff must complete SECTION 1, and all applicable subsections to request a background check for DCYF child welfare purposes. The applicant must complete the online Background Check Authorization form at <https://fortress.wa.gov/dshs/bcs> using Google Chrome web browser or manually complete [Background Check Authorization (DSHS 09-653)](https://www.dshs.wa.gov/sites/default/files/forms/word/09-653.docx) form for other languages. Submit one form for each applicant. Include the online confirmation code and date of birth or the completed Background Check Authorization form if completed manually. E-mail the form(s) to the DCYF background check unit at dcyf.bcu@dcyf.wa.gov or call (800) 998-3898, option 3, with questions. It is the requestor’s responsibility to verify an adult applicant’s non-expired, government-issued identification prior to submitting this request. |
| **SECTION 1: Completed by the requesting DCYF staff** |
| ASSIGNED STAFF’S NAME | ASSIGNED SUPERVISOR’S NAME |
| APPLICANT’S NAME | APPLICANT’S DATE OF BIRTH | ONLINE CONFIRMATION CODE (IF APPLICABLE) |
| CASE NAME | CASE NUMBER | PROVIDER NAME | PROVIDER NUMBER |
| **1.A. Select only one purpose** for this background check and refer to the [GUIDE TO BACKGROUND CHECKS](https://www.dcyf.wa.gov/sites/default/files/pubs/EPS_0001.pdf) for more information. Complete section 1.B. if you selected 1, 2 or 3 as the purpose of this background check. |
| [ ]  1. **Out-of-home placement:** Adoption**,** CHINS, emergent NCIC Purpose Code X, ICPC that is not a Border Agreement, new foster care license or new person in licensed home, reinstatement of parental rights, respite provider, unlicensed placement, or VPA[ ]  Applicant is a relative or other suitable person[ ] Placement was made pursuant to a court order [ ]  2**. Placement in parental home:** Trial Return Home or ICPC placement with parent*,* excludingBorder Agreement. Background checks are required for the parent and all adults in the home. *NOTE: DCYF does not have the authority to process background checks for returning children to a parent or legal guardian when a dependency was not established.*[ ]  3. **ICPC Border Agreement placement (select one option below)**[ ]  Placement is with the parent[ ] Placement is not with the parent [ ]  4. **Renewal**: Court required update, CPA license renewal, foster home renewal, or home study update[ ]  5. **Unsupervised access**: Babysitting, CPA staff new hire, safety-plan participant and parent is not present, support for case services, supervising visits, transporting children or youth, or visitation that is not supervised[ ]  6. **Contracts** **(select one option below)**[ ]  Juvenile Rehabilitation contractor[ ] All other non-Juvenile Rehabilitation contractors |
| **1.B. For purposes 1 through 3 above,** list the state(s) any adult applicant has lived in the last five (5) years, excluding Washington: |
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| **SECTION 2: Completed by the DCYF Background Check Specialist** |
| **Background Check Type Completed: [ ]  WA State [ ]  FBI (WA State included) OCA Number:**  |
| The decision below is based on a review of the applicant’s background information compared to the [DCYF Secretary’s List of Crimes and Negative Actions](https://www.dcyf.wa.gov/sites/default/files/pdf/secretaryslist.pdf) and may have included a suitability assessment. |
| [ ]  PASS: The requestor may authorize the applicant for the purpose of the background check.[ ]  DID NOT PASS: The requestor cannot authorize the applicant for the purpose of the background check.[ ]  Trial Return Home or ICPC with the parent. The purpose of this background check is to assess all parents and adults in the home who may act as a caregiver for the child or youth and determine whether they need services based on your review of the background information below (see [43051A. Trial Return Home](https://www.dcyf.wa.gov/4305-permanent-and-concurrent-planning/43051a-trial-return-home) policy for more information about this requirement): [ ]  The background check revealed no criminal or negative action history.[ ]  The background check revealed a crime(s) or negative action(s). The applicant was notified they must request a copy of their background information from the background check unit to provide to you.  |
| **Completed by:** | **Results Received Date:** | **Decision Date:** |