



## Background Check Request/ Summary

Complete SECTION 1 to request a background check for DCYF child welfare purposes only. 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 \(DCYF 09-653\)](#) form for other languages. You must submit this form for each applicant and include the applicant's online confirmation code and date of birth if the applicant completed the online application, or include the completed Background Check Authorization form if the applicant completed the form manually. E-mail the form(s) to the DCYF background check unit at [cabc@dcyf.wa.gov](mailto:cabc@dcyf.wa.gov) or call (800) 998-3898, option 3, with questions. It is the requestor's responsibility to verify any adult applicant's non-expired, government-issued identification prior to submittal.

### SECTION 1: Completed by the requesting DCYF staff

REQUESTING STAFF'S NAME		REQUESTING SUPERVISOR'S NAME	
APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH	ONLINE CONFIRMATION CODE (IF APPLICABLE)	
CASE NAME	CASE NUMBER	PROVIDER NAME	PROVIDER NUMBER

**Select only one purpose for this applicant and provide the residency information below, if applicable:**

- 1. Placement (adoption, CHINS, ICPC and parent is not in the home, new foster care license, new person in home or change to foster care license, respite provider, unlicensed placement, or VPA)
- 2. Emergent placement (NCIC Purpose Code X)
- 3. Trial Return Home placement or ICPC placement and parent is in the home (background check required for adults only)
- 4. Placement is an ICPC Border Agreement
- 5. Renewal (CPA agency, foster home renewal, or court required update)
- 6. Unsupervised access (agency staff, babysitting, contracts, safety-plan participant and parent is not present, support for case services, supervising visits, transportation or visitation that is not supervised)

**For purposes 1 through 4 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 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 and parent is in the home:
  - The background check revealed no criminal or negative action history.
  - The background check revealed a crime(s) or negative action(s). You must request a copy of the background information directly from the applicant and review to assess for appropriate services prior to returning the child home (see [43051A. Trial Return Home](#) policy for more information about steps required for assigned caseworker).

<b>Completed by:</b>	<b>Results Received Date:</b>	<b>Decision Date:</b>
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