



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 \(DSHS 09-653\)](#) 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 for more information. Complete section 1.B. if you selected 1, 2 or 3 as the purpose of this background check.			
<input type="checkbox"/> 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 <input type="checkbox"/> Applicant is a relative or other suitable person <input type="checkbox"/> Placement was made pursuant to a court order			
<input type="checkbox"/> 2. Placement in parental home: Trial Return Home or ICPC placement with parent, excluding Border Agreement. Background checks are required for the parent and all adults in the home. <i>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.</i>			
<input type="checkbox"/> 3. ICPC Border Agreement placement (select one option below) <input type="checkbox"/> Placement is with the parent <input type="checkbox"/> Placement is not with the parent			
<input type="checkbox"/> 4. Renewal: Court required update, CPA license renewal, foster home renewal, or home study update			
<input type="checkbox"/> 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			
<input type="checkbox"/> 6. Contracts (select one option below) <input type="checkbox"/> Juvenile Rehabilitation contractor <input type="checkbox"/> 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:			
SECTION 2: Completed by the DCYF Background Check Specialist			
Background Check Type Completed: <input type="checkbox"/> WA State <input type="checkbox"/> 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.			
<input type="checkbox"/> PASS: The requestor may authorize the applicant for the purpose of the background check.			
<input type="checkbox"/> DID NOT PASS: The requestor cannot authorize the applicant for the purpose of the background check.			
<input type="checkbox"/> 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 policy for more information about this requirement):			
<input type="checkbox"/> The background check revealed no criminal or negative action history.			
<input type="checkbox"/> 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: