



Background Check Request / Decision

DCYF staff must complete SECTION 1.A. and 1.B. (if applicable), 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.

- ☐ 1. **Out-of-home placement:** Adoption, CHINS, emergent NCIC Code X, ICPC that is not a Border Agreement, new foster care license or new person in licensed home, reinstatement of parental rights, certified respite provider, unlicensed placement, or VPA, youth in licensed home who has turned 18 years old.
☐ Relative or kin
- ☐ 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. *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, foster home renewal, certified respite provider renewal, or home study update
- ☐ 5. **Unsupervised access:** Babysitting, safety-plan participant and parent is not present, support for case services, supervising visits, transporting children or youth, unsupervised visitation, or substitute care
- ☐ 6. **Contracts (select one option below)**
☐ Juvenile Rehabilitation contractor
☐ All other non-Juvenile Rehabilitation contractor

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 (name and date of birth) ☐ FBI (fingerprint) **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.
☐ The background check revealed a federally disqualifying crime.
☐ The background check revealed crime or negative action history that required a suitability assessment.
- ☐ Trial Return Home or ICPC with the parent
☐ 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 and must request a copy of their background information from the background check unit to provide to the requestor, who must assess for services. See [43051A. Trial Return Home](#) policy for more information about this requirement.

Completed by:	Results Received Date:	Decision Date:
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