



Employee and Juvenile Rehabilitation Contractor Background Check Request / Summary

Use this form to request a background check for a DCYF employee, intern or other volunteer who will perform work for a DCYF office, or a Juvenile Rehabilitation contractor. This form is not for volunteers who provide case service support. You must include one completed [Background Authorization \(DSHS 09-653\)](#) form for each applicant or provide the online confirmation code if the applicant completed the form online. E-mail the forms to the DCYF background check unit at sebc@dcyf.wa.gov or call (360) 407-5500 with questions. It is the requestor's responsibility to verify the applicant's non-expired, government-issued identification prior to submitting this request.

Request: To be completed by the DCYF hiring supervisor, human resource, Juvenile Rehabilitation contract staff or designee.

REQUESTOR'S NAME		APPOINTING AUTHORITY'S NAME	
APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH	ONLINE CONFIRMATION CODE (IF APPLICABLE)	

Select only one purpose for this applicant:

DCYF employee

Please check additional if applicable:

Juvenile Rehabilitation employee or Juvenile Rehabilitation Contractor (PREA fingerprint requirement)

Juvenile Rehabilitation Contractor

Support for DCYF staff (intern, student, WorkFirst, or work done for a DCYF office or staff and not for a case)

Summary: To be completed by the background check supervisor.

PASS: The requestor may authorize the applicant for the purpose the background check was requested.

DID NOT PASS: The requestor cannot authorize the applicant for the purpose the background check was requested.

OCA Number:	Date Completed:
--------------------	------------------------

The applicant was provided a copy of his/her background check results, when applicable.