Washington State Department of CHILDREN, YOUTH & FAMILIES

## LICENSING DIVISION (LD)

## Background Confirmation and Out of State Check

Visit the <u>Background Check Central Unit (BCCU)</u> at <u>https://fortress.wa.gov/dshs/bcs/</u> (access through Google Chrome) to fill out the Background Check Authorization Form. This will take you approximately 15 minutes. Please ensure you have enough time before starting the background authorization process.

Once completed, you will receive an online confirmation code. Enter that code here:

Online confirmation code:
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Background authorization for:						
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	BIRTHDATE		

Please list any other prior names used; include first, middle, last names, nicknames, and maiden names.					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX		

If you have additional names, please attach an additional sheet of paper.

Provider Associated with this Background Check				
CAREGIVER NAME (if applicable)	CPA NAME (if applicable)			

Address Information								
CURRENT STREET ADDRESS		CITY		STATE	ZIP CODE	ZIP CODE		
Have you lived outside of Washington State in the last 5 years? 🛛 Yes 🖓 No								
If yes, please list all out of state addresses in the last 5 years.								
Street Address	City	State	Zip Code	Cοι	unty	From	То	

If you have additional out of state addresses, please attach an additional sheet of paper.