

Background Authorization

Read the attached instructions before completing this form.

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. GIVE NAME OF PERSON OR ENTITY REQUESTING THIS BACKGROUND CHECK	1B. SEE INSTRUCTIONS. GIVE ENTIRE ADDRESS OF PERSON OR ENTITY REQUESTING THE CHECK	1C. REQUIRED BY CHILDREN'S ADMINISTRATION ONLY. GIVE NAME OF FACILITY/FOSTER HOME
2. NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK		
PRINTED NAME		SIGNATURE
3. A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION: WorkFirst contract Protective Payee In-home relative In loco parentis		
B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION: State foster care Private agency foster care Adoption DCFS relative placement Contracts Subject of (or related to) CPS investigation Residential facility or child placing agency employee		
C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES: Subject involved in (or related to) APS investigation per RCW 74.34		
D. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT: DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION _____ PERSONNEL IDENTIFICATION NUMBER _____ Permanent appointment Non-permanent appointment Work study Volunteer Student internship Layoff On-Call		
4. SEE INSTRUCTIONS. BCCU ACCOUNT NUMBER	5A. SEE INSTRUCTIONS. DSHS ID NUMBER OR NAME	5B. FOR WEB SERVICE FINGERPRINT CHECK: BCCU INQUIRY ID NUMBER

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. SEE INSTRUCTIONS. SOCIAL SECURITY NUMBER		7. PRINT YOUR DATE OF BIRTH (MM/DD/YYYY)	
8A. SEE EXAMPLE IN INSTRUCTIONS. PRINT YOUR LAST NAME AS IT IS NOW (WRITE NONE IF NONE)	SEE EXAMPLE IN INSTRUCTIONS. PRINT YOUR FIRST NAME AS IT IS NOW (WRITE NONE IF NONE)	SEE EXAMPLE IN INSTRUCTIONS. PRINT YOUR MIDDLE NAME AS IT IS NOW (WRITE NONE IF NONE)	
8B. PRINT YOUR LAST NAME AT BIRTH (WRITE NONE IF NONE)	PRINT YOUR FIRST NAME AT BIRTH (WRITE NONE IF NONE)	PRINT YOUR MIDDLE NAME AT BIRTH (WRITE NONE IF NONE)	
9. PRINT OTHER LAST NAMES YOU HAVE USED AND LAST NAMES YOU HAVE BEEN KNOWN BY (WRITE NONE IF NONE)			
10. PRINT YOUR NICKNAMES AND ALL OTHER FIRST NAMES YOU HAVE USED AND HAVE BEEN KNOWN BY (WRITE NONE IF NONE)			
11A. Have you been convicted of any crime? If yes, fill in the blanks below. Add a page if you need more room. Yes No Felony and gross misdemeanor crimes. Degree State Conviction date			
11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. Add a page if you need more room. Yes No Felony and gross misdemeanor crimes. Degree State			
12. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult? Yes No			
13. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license; or have you ever given up your contract or license because a court or agency was taking action against you? Yes No			
14. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child? Yes No			
15. PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)		PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID	
16. How many years have you lived in Washington State without living in another state? Years / Months			
17. A. PRINT THE STREET ADDRESS WHERE YOU LIVE NOW		CITY	STATE ZIP CODE COUNTY
B. SEE INSTRUCTIONS. PRINT THE STREET ADDRESS WHERE YOU LIVED BEFORE YOUR CURRENT ADDRESS		CITY	STATE ZIP CODE COUNTY
C. SEE INSTRUCTIONS. GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED			
18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. My signature in box number 19 means: <ul style="list-style-type: none"> I give DSHS permission to check my background with any governmental entity and law enforcement agency If a founded finding is identified, I give DSHS permission to give only my name and that a founded finding was identified to any persons or entities in Section 1 I give DSHS permission to give all my other background information to the persons or entities named in Section 1. This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time. 			
19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18		20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)	

FOR USE BY CHILDREN'S ADMINISTRATION STAFF ONLY