

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: <u>Dawn Finlayson</u>		SIGNATURE: <u>Dawn Finlayson</u>			
3. A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION:					
<input type="checkbox"/> WorkFirst contract <input type="checkbox"/> Protective Payee <input type="checkbox"/> In-home relative <input type="checkbox"/> In loco parentis					
B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION:					
<input type="checkbox"/> State foster care <input type="checkbox"/> Private agency foster care <input type="checkbox"/> Adoption <input type="checkbox"/> DCFS relative placement <input type="checkbox"/> Contracts <input type="checkbox"/> Subject of (or related to) CPS investigation <input type="checkbox"/> Residential facility or child placing agency employee					
C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES:					
<input type="checkbox"/> 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: _____					
<input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study <input type="checkbox"/> Volunteer <input type="checkbox"/> Student internship <input type="checkbox"/> Layoff <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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					
CAMIS files checked by _____ on date _____ <input type="checkbox"/> No information found <input type="checkbox"/> Information available					

INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM

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You MUST fill in ALL boxes on this form as instructed. READ the instructions for each Section and each box.

You MUST put an answer in the box. You can put NO, NOT APPLICABLE (N/A), OR NONE– except BOX number 3 –

DO NOT answer any question by putting UNKNOWN or a QUESTION MARK in the box. If you do, the form will be sent back.

Print clearly with black ink.

Read each question carefully.

Check with your DSHS program to find out if you must fill in boxes marked "SEE INSTRUCTIONS"

____ (This box allows your program to insert their requirements.)

You MUST put an answer in every box and return this form to: ____ (This box allows the person, program, or entity to insert the address or fax number where the form is to be returned.)

Most background authorization forms are sent back to the requester for the following reasons:

- Wrong form.
- Blank boxes.
- Bad handwriting.
- Missing or wrong BCCU account number.
- Person under 18 signs the form without a parent or guardian signature.
- Date signed is older than three (3) months from the date BCCU received the form.

SECTION 1: This section must be completed by the person or entity requesting this background check. An entity may be a facility, business, organization, or agency such as a Nursing Home, a Rehabilitation Center, or a DSHS Office.

If you are applying to be a licensed Adult Family Home, Boarding Home, or Nursing Home, **SKIP SECTION 1.** GO directly to SECTION 2.

- A.** **You MUST** put the name of the entity or person asking for the background check. An entity may be a DSHS office. A person may be someone applying for a license or a service provider contract. Ask your DSHS program to tell you what person's name or the name of the entity that is required for this box.
____ (This box allows your program to insert requirements.)

B. Ask your DSHS program if you are required to fill in the address of the entity or person asking for the background check. Put N/A in this box if NOT required by your program.
____ (This box allows your program to insert requirements.)

C. **This box is ONLY** for Children's Administration. Children's Administration: Fill in the name of the facility or foster home.
- You MUST** print and sign your name if you are the person asking for the background check. The person who is being checked signs in box 19.
- DO NOT WRITE ANYTHING IN THESE BOXES UNLESS** you are an employee of Children's Administration, Economic Services Administration, Adult Protective Services or a DSHS hiring authority.

D. Personnel ID Number is the permanent number assigned to every staff person by the Department of Personnel (DOP).
- You MUST** put your BCCU account number in this box. You can find your BCCU account number at <http://www1.dshs.wa.gov/msa/bccu/index.htm>. If this form is part of your application for **license** as an Adult Family Home, Boarding Home or Nursing Home, you **DO NOT** need to give the BCCU account number. You **MUST** do the following:

 - Adult Family home – Put an **A** in front of your license number.
 - Boarding home– Put a **B** in front of your license number.
 - Nursing home– Put an **N** in front of your license number.
- A.** You **MUST** ask your DSHS program if they require you to have an ID number or a name in this box. Put N/A in this box if NOT required by your program.
____ (This box allows your program to insert requirements.)

B. **DSHS ONLY** – Put N/A if you are NOT a DSHS staff person using Web Service for fingerprint background checks. This ID number is for DSHS staff to track background checks. Any program may use this box for their own tracking purposes.