



Group Care, CPA and RPS Staff Background Check Request/Decision form

Prior to submitting a background check request, the applicant must complete the online Background Check Authorization form at <https://fortress.wa.gov/dshs/bcs> using Google Chrome web browser or manually fill out the [Background Check Authorization](#) (DSHS 09-653) form, which is available in different languages on the DSHS [website](#). **If the applicant completes the online form, they will receive an online confirmation code that must be provided to the group care agency, RPS or child placing agency (CPA). The online form is not automatically submitted for processing.**

Requesting group care, RPS or CPA staff will complete Section 1A and 1B (when applicable) of this form. In the Requestor Name box and Requestor Email box, include the name(s) and email(s) of the staff you would like to receive the background check decision. If the applicant completed the online form, provide the online confirmation code. Email completed forms to dcyf.rgclearances@dcyf.wa.gov. **Please send only one request per email.** The DCYF background check unit will complete the decision in Section 2 and email the decision to the requestor listed in Section 1A. Applicants with crimes or negative actions will be notified of the result and how to request a copy of their history.

SECTION 1A. Request information: To be filled out by requesting group care agency, RPS or CPA.			
<input type="checkbox"/> GROUP CARE <input type="checkbox"/> CPA <input type="checkbox"/> RPS	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RENEWAL <input type="checkbox"/> VOLUNTEER	REQUESTING AGENCY	PROVIDER NUMBER(S)
REQUESTOR NAME(S)		REQUESTOR EMAIL(S)	
APPLICANT NAME	APPLICANT DATE OF BIRTH	ONLINE CONFIRMATION CODE	
SECTION 1B. Out-of-state information: To be filled out by requesting <i>group care agency or RPS</i>.			
Include other states the applicant has lived in the last five years. Please write N/A in the first box if they have not.			
SECTION 2. Background check decision: To be filled out by DCYF background check unit.			
Type of background check completed: <input type="checkbox"/> WA State <input type="checkbox"/> FBI (WA State included) OCA Number:			
<input type="checkbox"/> PASS: The background check did not reveal criminal or negative action history. <input type="checkbox"/> PASS WITH HISTORY: The background check revealed a crime(s) or negative action(s). <input type="checkbox"/> DID NOT PASS: The background check revealed a crime(s) or negative action(s), and the applicant is not authorized.			
Completed by:	Result Received Date:	Decision Date:	