

Aging & Long-Term Support Administration Locations – Private Home Care Agency

Home and Community Services

Your **Private Home Care license number** is your BCCU Account Number. Enter "**I**" followed by **your license number** in **Box 4** of the Background Authorization Form.

EXAMPLE:

4. BCCU ACCOUNT NUMBER (REQUIRED)

I

Please contact Department of Health if you need to make corrections to your mailing address or secure fax number. Phone (360) 236-4700 or Email HSQACredentialingReview@DOH.wa.gov.