



Background Check Authorization

PROCESSING CODE

Optional - See Instructions:
- Fingerprint Required
- New Hire
- Initial Contract

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)		
1A. ENTITY REQUESTING THE BACKGROUND CHECK Perfect Adult Family Care	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A 1234 5th Street Seattle, WA 98117	1C. NAME OF SECONDARY ENTITY
2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK PRINTED NAME: John Smith SIGNATURE: <i>John Smith</i>		
3. 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 / student internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Acting		
4. REQUIRED: BCCU ACCOUNT NUMBER N100506	5. DSHS ID NUMBER OR NAME	
SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)		
6. SOCIAL SECURITY NUMBER 123-12-1234 (Not Required)	7. REQUIRED: DATE OF BIRTH (MM/DD/YYYY) 01/02/1981	8. PRINT YOUR E-MAIL ADDRESS Mary.Jones123@gmail.com
9. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: Mary MIDDLE: Michele LAST: Jones		
10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: N/A MIDDLE: N/A LAST: Brown		
REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS. You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.		
11A. Have you been convicted of any crime? If yes, fill in the blanks below. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driving Under the Influence Degree: N/A State: WA Conviction date: 02/12/2008		
11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Degree: _____ State: _____		
12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34. • Sexual assault protection order under RCW 7.90. • Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14. See instructions for description of "permanent."		
15. REQUIRED: PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE) JONESMM193PT	REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID Washington	
16. REQUIRED Have you lived in any state or country other than Washington State within the last three years (36 months)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
17. A. REQUIRED: PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION 5544 Cherry Street APT. NO. C-404 CITY Seattle STATE WA ZIP CODE 98117		
B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS) Same APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____		
C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED 206-555-6789		
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. I understand and agree my signature in box number 19 means: • I give DSHS permission to check my background with any governmental entity and law enforcement agency. • My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law. • If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result. • DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law. • The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.		
19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18. <i>Mary Jones</i>		20. REQUIRED: TODAY'S DATE (MM/DD/YYYY) 10/01/2016
PROGRAM USE – FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM		

See Instructions for self-disclosures to ensure you are consistently disclosing crimes and/or charges