



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
ECONOMIC SERVICES ADMINISTRATION  
COMMUNITY SERVICES DIVISION

## Additional Information Needed for ILP TANF

Date:

CLIENT NAME AND ADDRESS

CASE NUMBER:

INQUIRY ID:

### Background Check Results:

#### Additional Information Needed

**Confidentiality Notice:** Information in this notice is confidential. If you received this notice in error, call the Background Check Central Unit (BCCU) immediately at 360-902-0299. **Do not copy, disclose, or distribute this information.**

Dear \_\_\_\_\_,

The Background Check Central Unit BCCU can't complete your background check because they need more information from you.

**The BCCU will be able to talk to you about the results of your background check once you have completed and returned the attached Applicant Request for a Copy of Their Completed Background Check Information, DSHS form 27-110, to:**

DSHS Background Check Central Unit  
PO Box 45025  
Olympia, WA 98504-5025  
FAX: (360) 902-0292  
Email: [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov)

**After sending the request form, you must contact the BCCU at 360-902-0299 or e-mail [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov)** and reference the **Inquiry ID number** listed above on this notice. The BCCU will review your results and provide you with information and instructions.

The status of your background check is pending until the BCCU receives this information. We can't determine our eligibility for cash assistance until we receive all required background check results from the BCCU.

**Take action right away. Your application for cash assistance will be denied 30 calendar days from the application date.** If you need more time, please call us at 1-877-501-2233 to tell us you are still working with the BCCU.