



FamLink Data Access Request / Change

For Non-Employees of DSHS

NOTE: This form to be completed **two weeks prior** to date access is needed.

DATE OF REQUEST
AGENCY, TRIBE OR OTHER ENTITY WITH ACCESS TO FAMLINK
FAMLINK ON-LINE DATA ACCESS AGREEMENT NUMBER

Access: In accordance with the FamLink On-line Data Access Agreement between the DSHS Children's Administration and the Agency, Tribe or other Entity with On-line Data Access to FamLink listed above, hereafter referred to as Agency; the Agency is requesting that the individual named below be granted on-line access to FamLink, consistent with the FamLink On-line Data Access Agreement identified above.

NAME	LAST	FIRST	MIDDLE
Current			
Previous. List all including maiden and other aliases.			

Date of Birth: **01/01/2011** Gender: Male Female

RESIDENTIAL ADDRESS. LAST FIVE YEARS.

YEAR	CITY, STATE	YEAR	CITY, STATE

EMPLOYMENT HISTORY. LAST FIVE YEARS.

YEAR	CITY, STATE	AGENCY, TITLE, ROLE

CURRENT TITLE	EMPLOYMENT: START DATE	END DATE	PHONE NUMBER (WITH AREA CODE)

Check all that apply:

- I am a licensed foster parent in the State of Washington, licensed with (agency name): _____
- I believe that there is no record of founded child abuse or neglect related to me in FamLink
- I believe that none of my family or friends has a record in FamLink.
- I believe the following family and friends have a record in FamLink (please list below):
 - Name: _____ Relationship: _____
 - Name: _____ Relationship: _____
 - Name: _____ Relationship: _____

By my signature below, I certify the following:

1. I have reviewed the identifying information listed above and certify that it is accurate and complete.
2. I understand foster parents with access to FamLink must be certified by a Child Placing Agency (CPA) and not directly supervised by CA. If I am a foster parent directly supervised by CA, I will notify my licensor that I am seeking licensure from a CPA.
3. I understand that this information will be used to conduct a statewide search of FamLink records, and if a record exists, I may be denied on-line access.
4. If I am denied access, I understand that my supervisor and I will be informed of the denial.
5. The policies and procedures for information confidentiality and equipment usage have been explained to me and agree to follow all requirements. I agree to keep all information contained in these systems confidential.
6. I will not access any individual client's data for any personal purpose.
7. I agree to immediately notify my supervisor, who will inform the Children's Administration, of any record I become aware of for a person known to me.
8. I understand that in accordance to DSHS Information and Technology Security Policy 15.10, I shall not disclose my confidential passwords and access codes used to gain access to these systems. I also understand that if any of these codes or passwords is compromised, they will be changed immediately.

EMPLOYEE / USER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE
PRINTED NAME		PRINTED NAME	

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Children's Administration Use ONLY

ACCESS GRANTED	COMPLETION DATE	BY WHOM	INITIALS
<input type="checkbox"/> Verify Data Access Agreement			
<input type="checkbox"/> Individual FamLink Record Check Completion			
<input type="checkbox"/> No Individual Record in FamLink			
<input type="checkbox"/> Record in FamLink			
<input type="checkbox"/> Family and Friend Record Check Completed			
<input type="checkbox"/> Record or Records Made Restricted			
<input type="checkbox"/> FamLink Data Access Granted Consistent with FamLink On-line Data Access Agreement			
<input type="checkbox"/> All Required Record Restriction have been properly documented in FamLink and the Paper Case File			
FamLink Person ID: _____			

I certify that all terms of the FamLink On-line Data Access Agreement have been and will continue to be met in regard to the above named individual's access to FamLink data.

Please check the following action to be taken regarding the individual named below:

- Grant On-line FamLink Data Access
- Revoke Security and Eliminate FamLink Data Access
- If requestor is a licensed foster parent and they are granted FamLink access, notice was sent to the above listed agency that this person must contact their licensor and a CPA to transfer their license.

CA ADMINISTRATOR / SPONSOR'S SIGNATURE	DATE	PRINTED NAME
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