



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 CHILDREN'S ADMINISTRATION BACKGROUND CHECK UNIT
 (360) 407-5500

Applicant Request for a Copy of Background Check Results

I am requesting a copy of my most recent background check completed by Children's Administration.					
REQUIRED: APPLICANT'S FULL NAME (FIRST, MIDDLE, LAST)					
REQUIRED: DATE OF BIRTH (MM/DD/YYYY)			WA DRIVERS LICENSE OR ID NUMBER		
REQUIRED: APPLICANT'S MAILING ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
APPLICANT'S EMAIL ADDRESS			REQUIRED: APPLICANT'S PHONE NUMBER (INCLUDE AREA CODE)		
I understand the Children's Administration Background Check Unit will provide me with the most recent background check result completed by Children's Administration that may contain information reported by the Washington State Patrol, Washington State Courts, Federal Bureau of Investigation, Department of Corrections, Department of Social and Health Services, Department of Health, out-of-state courts and self-disclosures.					
REQUIRED: SIGNATURE (NO ELECTRONIC SIGNATURES ARE ACCEPTED. MUST BE SIGNED BY APPLICANT.)				REQUIRED: DATE (MM/DD/YYYY)	

Send your completed and signed Applicant Request for a Copy of Background Check Results to the Children's Administration Background Check Unit at:

FAX: (360) 407-5577

MAIL: PO Box 45718, Olympia, WA 98504-4718

EMAIL: cabc@dshs.wa.gov

The Children's Administration Background Check Unit will review your request and contact you with any questions. Children's Administration can only send documents to the applicant. It is up to the applicant to share their background check results with any other persons.