

BACKGROUND CHECK SYSTEM (BCS)
DSHS BCS Access Request



DSHS programs and authorized service providers who serve vulnerable adults, juveniles, and children may request access to the online Background Check System (BCS) to process background checks. The purpose of this form is for DSHS managers and contracted / authorized service providers (Entity) to request new user, remove access, or update user name or email address. This form must be signed by the BCS User. User's manager / administrator (Authorizer), and sent to BCCU. BCS access may take up to five (5) days. If the adding or removal of access is an emergency, please include that information with the request.

BCS Account Information (Required)		
REQUEST TYPE <input type="checkbox"/> New user access <input type="checkbox"/> Update user access <input type="checkbox"/> Remove user access <input type="checkbox"/> Change user name / email	USER'S ACCOUNT OR LICENSE NUMBER	PHONE NUMBER (AREA CODE)
	ENTITY NAME	
	PHYSICAL ADDRESS	
CHECK THE BOX FOR BCS ACCESS BEING REQUESTED		
Internal Request - State Employee in Active Directory (AD) with a wa.gov email address: <input type="checkbox"/> Oversight Administrator <input type="checkbox"/> Primary Account Administrator (PAA) <input type="checkbox"/> General User <input type="checkbox"/> Submitter External Request – Entity / Provider / Facility (authorized DSHS entities with access through SecureAccess Washington (SAW)) <input type="checkbox"/> Primary Account Administrator (PAA)		
BCS User Information (Required)		
FIRST NAME	MIDDLE INITIAL	LAST NAME
POSITION / TITLE		PHONE NUMBER (AREA CODE)
INDIVIDUAL EMAIL ADDRESS (NO GENERIC / SHARED EMAIL ADDRESSES)		
FBI Requirement - CJIS (Criminal Justice Information System) Security Awareness Training Individuals with access or potential access to Criminal History Record Information (CHRI) as it pertains to fingerprint-based background checks completed by the Background Check Central Unit (BCCU) must complete and pass the CJIS Security Awareness training as required by the FBI. Based on FBI requirements, new individuals with access to CHRI must take and pass the training within six (6) months of hire and retake the training / test every two (2) years thereafter. If you have access to CHRI and have not taken CJIS Security Awareness training, please speak with your program contact.		
BCS Access Authorization I, the undersigned Authorizer, verify that the individual for whom this access is being requested has a business need to access this data, will complete the required CJIS training and has signed the required User Agreement on System Usage and Non- Disclosure of Personal Information included with this Access Request. I have also ensured that the necessary steps have been taken to validate the user's identity before approving access to confidential and protected information.		
Authorizing Signature (if applicable)		
SUPERVISOR'S (AUTHORIZER'S) SIGNATURE		DATE
PRINTED NAME	POSITION / TITLE	
PROGRAM / ENTITY NAME		
EMAIL ADDRESS	PHONE NUMBER (AREA CODE)	

DSHS BCS User Agreement on System Usage and Non-Disclosure of Confidential Information

The online Background Check System (BCS) is for authorized entities, such as Department programs and authorized service providers, to complete background checks for those who serve vulnerable adults, juveniles, and children. Prior to accessing this Information, you must sign this DSHS User Agreement System Usage and Non-Disclosure of Confidential Information.

Confidential Information

"Confidential Information" includes "Personal Information" or "Criminal History Record Information."

"Confidential Information" means a report of abandonment, abuse, financial exploitation, or neglect made under chapter 74.34 RCW, the identity of the person making the report, and all files, reports, records, communications, and working papers used or developed in the investigation or provision of protective services.

"Personal Information" means information that is identifiable to any person, including, but not limited to: information that relates to a person's name, health, finances, education, business, use of receipt of governmental services or other activities, addresses, telephone numbers, Social Security Numbers, driver license numbers, other identifying numbers, and any financial identifiers.

"Criminal History Record Information (CHRI)" means information about the history of an individual's contacts with state, federal, or foreign law enforcement agencies. "Criminal History Record Information" includes details of all arrests, convictions, sentences, dismissals, not guilty verdicts, and parole violations committed by an individual.

Regulatory Requirements and Penalties

State and Federal laws prohibit unauthorized access, use, or disclosure of Confidential Information, Personal Information, and Criminal History Record Information (including, but not limited to, chapter 42.56 RCW, RCW 74.34.095, and U.S. Department of Justice, Criminal Justice Information Services Security Policy, Version 5.6 (CJISD-ITS-DOC-08140-5.6) (June 5, 2017), as amended). Violation of these laws may result in criminal or civil penalties or fines.

User Assurance of Confidentiality

In consideration for DSHS granting me access to the Background Check System (BCS) and the Confidential Information in this system, I AGREE, I UNDERSTAND AND ACCEPT THE FOLLOWING TERMS OF USE FOR ACCESSING THE BACKGROUND CHECK SYSTEM (BCS):

- 1) BCS is a restricted information system maintained by the Washington State Department of Social and Health Services (DSHS).
- 2) BCS contains confidential and restricted information that I will protect as required by federal and state law.
- 3) I will comply with applicable DSHS confidentiality and security policies.
- 4) Unauthorized use of BCS or any records accessed through BCS is prohibited and may be subject to criminal and/or civil penalties or may result in formal disciplinary action by DSHS, including termination of my employment or contract.
- 5) If I have potential access to national (fingerprint) criminal history records, I have completed Criminal Justice Information System (CJIS) Security Awareness Training.
- 6) The use of criminal history record information obtained through a national (fingerprint) check must comply with the CJIS Security Policy.
- 7) Dissemination or use of national criminal history records for any other purpose is a violation of federal law.
- 8) System usage may be monitored, recorded, and is subject to audit.
- 9) If I have any questions regarding federal, state, or DSHS requirements around system usage, or require access to applicable confidentiality and security policies, I will contact my direct supervisor or program contact.
- 10) Use of this system indicates consent to monitoring and recording of my system usage and indicates I understand and agree to comply with the above terms.

Signature (Required)

USER'S SIGNATURE (NO ELECTRONIC SIGNATURES)	DATE	USER'S PRINTED NAME
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BCS access may take up to five (5) days. If the adding or removal of access is an emergency, please include that information with the request. BCCU will review your request and contact the Authorizer with any questions.

Send your completed and signed DSHS BCS Access Request Form to BCCU one of the following ways:

FAX: (360)902-7954

MAIL: PO BOX 45025, Olympia WA 98504-5025

EMAIL: bccuinquiry@dshs.wa.gov