

**Background Check System (BCS) User Guide:  
Online Background Check Authorization Form**

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## *About This Manual*

Welcome to the online Background Check Authorization Form user guide. This user guide will help you understand the steps to take when completing the Washington state, Department of Social and Health Services (DSHS), online Background Check Authorization Form.

Please note, the online Background Check Authorization Form (and therefore this manual) are subject to alteration. Modifications/updates to the guide may result from changes in state or federal policies and procedures, system upgrades, or other factors.

The online Background Check Authorization Form was built for DSHS customers who are being requested to complete a background check. If you have questions, the Background Check Central Unit (BCCU) can be contacted at [BCCUinquiry@dshs.wa.gov](mailto:BCCUinquiry@dshs.wa.gov).

## *Accessing the Online Background Check Authorization Form*

**Using the Google Chrome internet web browser**, go to the following link:

<https://fortress.wa.gov/dshs/bcs/>

This will bring up the online Background Check Authorization Form where you can start filling in all the required information.

## *Things to Keep in Mind*

1. You will be providing personal information on this form and the information will be saved to a secure database for 90 days.
2. You will sign this form electronically.
3. You should reference your court documentation or charging papers for any crimes you self-disclose. For questions regarding how/what to self-disclose, BCCU cannot provide legal advice. Please seek an attorney or the courthouse where the offenses occurred.
4. You cannot start filing in the form and then save it to come back to later. You must complete the form in one sitting.
5. Upon completing the form, this does not automatically submit a background check to BCCU. You will need to provide your confirmation number and date of birth to the requesting entity and they will submit the background check to BCCU through their Background Check System (BCS) account.

*Features of the Online Background Check Authorization Form*

Throughout the form, there are built-in help features next to each field. Many questions about the form fields can be answered by clicking on the question marks as you make your way through the form.

Clicking on these little question marks opens up a help window with text and guidance on what to provide for that field.

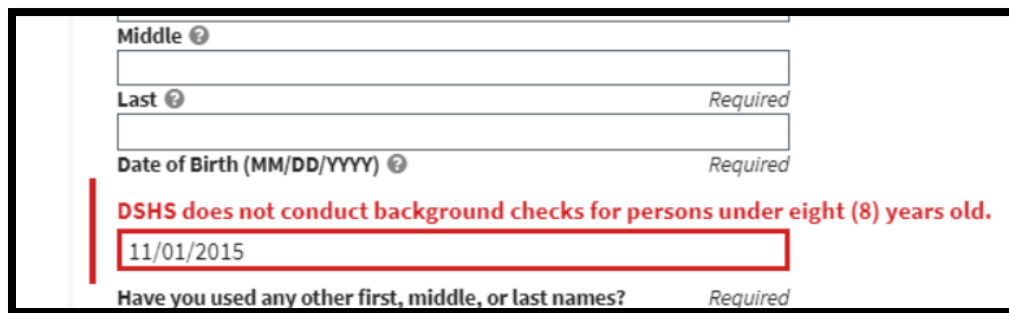
Required fields are indicated throughout the form with the word **required** on the right hand side. The system will highlight a required field in red if you have not filled out that field, or if you have formatted it incorrectly such as additional spaces. The form will not let you continue to the signature page until you correct the highlighted field.

### *Using the Online Background Check Authorization Form*

You will use this [form](#) to collect your personal information and then provide it to the DSHS program, licensed entity, or contracted entity that is requesting your background check. They will initiate a background check for employment, licensing and contracting purposes through their BCS account.

You must complete all required fields. Please review all of your information for accuracy before saving your form.

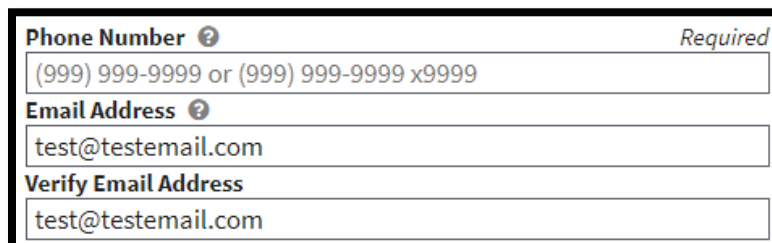
Please note, BCCU does not conduct background checks on persons under the age of eight (8) years old. If the applicant is under the age of eight, the following error message will be received and the request will be denied:



The screenshot shows a portion of a web form with the following fields and labels:

- Middle** (with a help icon) - empty text box
- Last** (with a help icon) - empty text box, labeled *Required*
- Date of Birth (MM/DD/YYYY)** (with a help icon) - empty text box, labeled *Required*
- DSHS does not conduct background checks for persons under eight (8) years old.** - A red error message box with a red border, containing the date **11/01/2015** in a red-bordered text box.
- Have you used any other first, middle, or last names?** - empty text box, labeled *Required*

If you provide your personal email address while completing the form, the system will automatically email you a copy of your confirmation code. You will need to enter your email twice in order to verify it on the form.



The screenshot shows the following fields:

- Phone Number** (with a help icon) - empty text box, labeled *Required*. Below the box is the placeholder text: (999) 999-9999 or (999) 999-9999 x9999
- Email Address** (with a help icon) - text box containing **test@testemail.com**
- Verify Email Address** - text box containing **test@testemail.com**

If the two emails do not match, then the form will highlight the field in red and let you know so you can review it.

**Phone Number** ? Required  
  
**Email Address** ?  
  
**Verify Email Address**  
  
Email address does not match. Please review.

By providing your email address and checking the consent box below, you are giving BCCU consent to send you confidential and sensitive background check information, including a fingerprint rap sheet (if applicable). If background check information is found, and the program conducting your background check allows BCCU to email you your background check information, you will receive an email and secure link to download your background check information. The email link is only valid for three (3) days.

**Phone Number** ? Required  
  
**Email Address** ?  
  
**Verify Email Address**  
  
 **By checking this box, I consent to and authorize BCCU to email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided above. By NOT checking this box, BCCU will use the mailing address provided to send me my background check information.**

If you have criminal history information, BCCU recommends having all charging, arrest, or court papers on hand to assist you in answering the self-disclosure questions that require crime dates and official crime names.

There is a drop down list provided for common Washington state crimes. Your crime may not be listed on the drop down menu. For those crimes not listed, please follow the instructions regarding how to add your own crime and describe what occurred.

**Self-Disclosure - Conviction Information** ?

Have you e...  Yes  
 Occurred i...  Yes  
 State  OK

This drop down list does not include all crimes. Using the dropdown list, select the name of the crime/conviction. If the crime name is not in the list, select "CRIME NOT IN LIST". Additional fields will open up for you to manually enter your crime/conviction name etc.

Select a crime convicted of from the list or select CRIME NOT IN LIST to enter a different crime. Required  
  
**Name** ? Required  
  
**Select Degree** ? Required  
  
**Other Crime Information** ? Required  
  
**Conviction Date** ? Required


**I'm done filling out the form. Now what?**

When you are done completing the form and you have reviewed all your information, check the box indicating that you have provided truthful information to the best of your ability, and click the "Proceed to Electronic Signature" button.

**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 electronic signature below means:** *Required*

- 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 requesting my background check and those persons or entities 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.

[Proceed to Electronic Signature](#)



On the Electronic Signature page, check the box next to ***I Agree***, attesting that the name typed in the field is the legal equivalent of your manual signature on this form. Type your first and last name into the box marked ***Your Name*** and then click ***Save***.

**Electronic Signature**

By selecting the "I Agree" checkbox, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Form.

Click to agree and enter your name in the box provided to complete your signature.

**I Agree** *Required*

**Your Name** *Required*

[Save](#)

If you are a parent or guardian signing the form on behalf of the minor applicant, check the box next to ***Your parent/guardian signature if you are under 18*** and ***I Agree*** attesting that the name typed in the field is the legal equivalent of your manual signature on this form. Then type your name into the ***Your Name*** field and click ***Save***.

**Electronic Signature**

By selecting the "I Agree" checkbox, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Form.

Click to agree and enter your name in the box provided to complete your signature.

**Your parent/guardian signature if you are under 18** *Required*

**I Agree** *Required*

**Your Name** *Required*

[Save](#)

[Go Back](#)

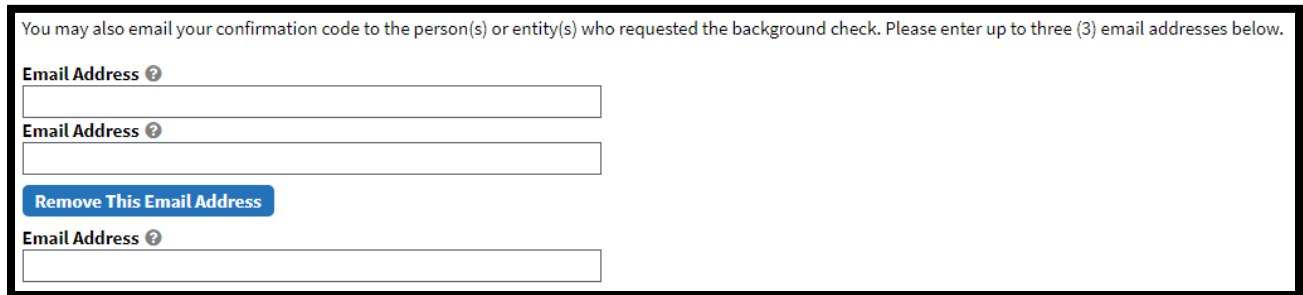
You then will get a notification that your background check information has been saved and the system will generate a 10-character code confirmation number.

Thank You. Your background check information has been saved.


Your confirmation number is **JONES984AC**.


If you have provided your email address when filling in the online application, you will receive an email with your confirmation number and instructions for sharing this information with the person(s) or entity(s) requesting the background check

You will see additional field(s) that will allow you to email the confirmation number to up to three different email addresses.




You may also email your confirmation code to the person(s) or entity(s) who requested the background check. Please enter up to three (3) email addresses below.

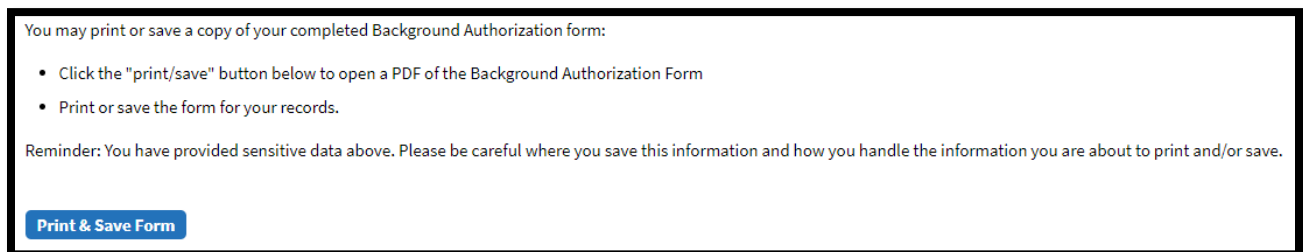
Email Address 

Email Address 

[Remove This Email Address](#)

Email Address 

You also will be able to print and save a copy of your form by clicking the **Print & Save Form** button. This will open the document in a separate tab of your browser or generate a PDF document that appears down at the bottom of your screen.



You may print or save a copy of your completed Background Authorization form:

- Click the "print/save" button below to open a PDF of the Background Authorization Form
- Print or save the form for your records.

Reminder: You have provided sensitive data above. Please be careful where you save this information and how you handle the information you are about to print and/or save.

[Print & Save Form](#)

### What happens if I notice I made a mistake in the form after I save it?

Once the form is saved you cannot go back in and make changes.

If you have not provided the requesting entity with your confirmation number, go back to the Online Background Check Authorization Form link and fill out a new Background Check Authorization Form. This will generate a new confirmation code with your correct information. Provide the updated confirmation code to the requesting DSHS entity.

If you have already provided the requesting entity with the confirmation number for your form with the mistake, reach out to the entity and notify them there was an error on the form. They may ask you to complete the online form again to generate a new confirmation code.

### How do I find out the status of my background check request?

To find out the status of your background check, please contact the requesting entity.

### Who do I call if I need help?

If you need additional assistance while you are filling out the form, please contact BCCU by calling (360) 902-0299 or emailing [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov).