

BACKGROUND CHECK SYSTEM (BCS)
DSHS BCS Access Request



DSHS authorized service providers who serve vulnerable adults, juveniles, and children may request access to the online Background Check System (BCS) through SecureAccess Washington (SAW) to process background checks. The purpose of this form is for external contracted / authorized service providers (Entity) to request a new Primary Account Administrator (PAA), remove PAA access, or update user name or email address in BCS. This form must be signed by the BCS User and User's manager, administrator, or authorizer (if necessary), and sent to the Background Check Central Unit (BCCU). BCS access may take up to three (3) business days. If the adding or removal of access is urgent, please include that information with the completed form.

BCS Account Information	
REQUIRED: ACCOUNT OR LICENSE NUMBER	REQUIRED: ENTITY PHONE NUMBER (AREA CODE)
REQUIRED: ENTITY NAME	
REQUIRED: PHYSICAL ADDRESS OF ENTITY / PROVIDER / FACILITY	
BCS Primary Account Administrator (PAA) Request	
REQUIRED: <input type="checkbox"/> ADD New PAA access <input type="checkbox"/> REMOVE PAA access <input type="checkbox"/> CHANGE user name / email * DSHS BCS Access Request form only needed for PAA updates. PAA will add and remove all other BCS users.	
BCS Administrator Information	
REQUIRED: FIRST NAME	MIDDLE INITIAL REQUIRED: LAST NAME
REQUIRED: POSITION/TITLE	PHONE NUMBER (AREA CODE)
REQUIRED: INDIVIDUAL EMAIL ADDRESS (NO GENERIC / SHARED EMAIL ADDRESSES)	
FBI Requirement - CJIS (Criminal Justice Information System) Security Awareness Training	
<p>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.</p>	
BCS Access Authorization	
<p>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.</p>	
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, or have access to sensitive information. 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. CHRI (aka "FBI rap sheet", "national criminal history record", or "fingerprint criminal history record") includes details of an individual's arrest date, the arrest charge, and the disposition of the arrest, if known.

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; U.S. Department of Justice, Criminal Justice Information Services Security Policy, Version 5.9 (CJISD-ITS-DOC-08140-5.9) (June 1, 2020), as amended; 28 U.S. Code § 534; 28 CFR § 20.33; and 28 CFR § 50.12). Violation of these laws may result in criminal or civil penalties or both.

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 CHRI (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, 28 CFR Part 20 – Criminal Justice Information Systems, and 28 U.S. Code § 534.
- 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: BCS USER'S SIGNATURE

DATE

REQUIRED: BCS USER'S PRINTED NAME

BCS access may take up to three (3) business days. If the adding or removal of access is urgent, 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:

EMAIL: bccuinquiry@dshs.wa.gov

FAX: (360)902-7954

MAIL: PO BOX 45025, Olympia WA 98504-5025