



# Background Authorization

Read the attached instructions before completing this form.

<b>SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)</b>					
1A. GIVE NAME OF PERSON OR ENTITY REQUESTING THIS BACKGROUND CHECK <b>Mary Smith</b>		1B. SEE INSTRUCTIONS: GIVE ENTIRE ADDRESS OF PERSON OR ENTITY REQUESTING THE CHECK <b>123 S. Main St. Spokane, WA 99204</b>		1C. REQUIRED BY CHILDREN'S ADMINISTRATION ONLY: GIVE NAME OF FACILITY/FOSTER HOME <b>Mary &amp; Robert Smith</b>	
2. NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK PRINTED NAME: <b>Chris Bagby</b> SIGNATURE: _____					
3. A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION: <input type="checkbox"/> WorkFirst contract <input type="checkbox"/> Protective Payee <input type="checkbox"/> In-home relative <input type="checkbox"/> In loco parentis					
B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION: <input checked="" type="checkbox"/> State foster care <input type="checkbox"/> Private agency foster care <input type="checkbox"/> Adoption <input type="checkbox"/> DCFS relative placement <input type="checkbox"/> Contracts <input type="checkbox"/> Subject of (or related to) CPS investigation <input type="checkbox"/> Residential facility or child placing agency employee					
C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES: <input type="checkbox"/> Subject involved in (or related to) APS investigation per RCW 74.34					
D. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT: DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____ <input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study <input type="checkbox"/> Volunteer <input type="checkbox"/> Student internship <input type="checkbox"/> Layoff <input type="checkbox"/> On-Call					
4. SEE INSTRUCTIONS: BCCU ACCOUNT NUMBER <b>11003846</b>		5A. SEE INSTRUCTIONS: DSHS ID NUMBER OR NAME <b>BAGC300</b>		5B. FOR WEB SERVICE FINGERPRINT CHECK: BCCU INQUIRY ID NUMBER <b>CA ID #:</b> <b>BCCU ID #:</b>	
<b>SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)</b>					
6. SEE INSTRUCTIONS: SOCIAL SECURITY NUMBER <b>123-45-6789</b>			7. PRINT YOUR DATE OF BIRTH (MM/DD/YYYY) <b>06/30/1969</b>		
8A. SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR LAST NAME AS IT IS NOW (WRITE NONE IF NONE) <b>Doe</b>		8A. SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR FIRST NAME AS IT IS NOW (WRITE NONE IF NONE) <b>Jane</b>		8A. SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR MIDDLE NAME AS IT IS NOW (WRITE NONE IF NONE) <b>Marie</b>	
8B. PRINT YOUR LAST NAME AT BIRTH (WRITE NONE IF NONE) <b>Johnson</b>		8B. PRINT YOUR FIRST NAME AT BIRTH (WRITE NONE IF NONE) <b>Jane</b>		8B. PRINT YOUR MIDDLE NAME AT BIRTH (WRITE NONE IF NONE) <b>Marie</b>	
9. PRINT OTHER LAST NAMES YOU HAVE USED AND LAST NAMES YOU HAVE BEEN KNOWN BY (WRITE NONE IF NONE) <b>None</b>					
10. PRINT YOUR NICKNAMES AND ALL OTHER FIRST NAMES YOU HAVE USED AND HAVE BEEN KNOWN BY (WRITE NONE IF NONE) <b>Janie</b>					
11A. Have you been convicted of any crime? If yes, fill in the blanks below. Add a page if you need more room..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____ Conviction date: _____					
11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. Add a page if you need more room..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____					
12. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
13. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license; or have you ever given up your contract or license because a court or agency was taking action against you?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
14. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
15. PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE) <b>DOE**JMI23AB</b>				PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID <b>WA</b>	
16. How many years have you lived in Washington State without living in another state? <b>15</b> Years / <b>8</b> Months					
17. A. PRINT THE STREET ADDRESS WHERE YOU LIVE NOW <b>789 N. 1/4 St. Apt. 5</b>		CITY <b>Pullman</b>		STATE <b>WA</b>	
		ZIP CODE <b>99163</b>		COUNTY <b>Whitman</b>	
B. SEE INSTRUCTIONS: PRINT THE STREET ADDRESS WHERE YOU LIVED BEFORE YOUR CURRENT ADDRESS <b>1000 E. Center Rd.</b>					
		CITY <b>Spokane</b>		STATE <b>WA</b>	
		ZIP CODE <b>99205</b>		COUNTY <b>Spokane</b>	
C. SEE INSTRUCTIONS: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED <b>509-555-6666</b>					
18. 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. My signature in box number 19 means: <ul style="list-style-type: none"> <li>I give DSHS permission to check my background with any governmental entity and law enforcement agency.</li> <li>If a founded finding is identified, I give DSHS permission to give only my name and that a founded finding was identified to any persons or entities in Section 1.</li> <li>I give DSHS permission to give all my other background information to the persons or entities named in Section 1.</li> <li>This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time.</li> </ul>					
19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.				20. REQUIRED: TODAY'S DATE (MM/DD/YYYY) <b>05/01/2008</b>	
<b>FOR USE BY CHILDREN'S ADMINISTRATION STAFF ONLY</b>					
CAMIS files checked by _____ on date _____ <input type="checkbox"/> No information found <input type="checkbox"/> Information available					