

INSTRUCTION SHEET FOR FILLING OUT BACKGROUND AUTHORIZATION FORM
(PAGE 1 OF 2)

To prevent delays in processing your Background Form, please make sure ALL required areas are completed. This means you MUST write "None" if no information applies.

THIS BACKGROUND AUTHORIZATION FORM IS SPECIFIC TO FOSTER CARE LICENSING ONLY. ALL AREAS THAT ARE FOR AGENCY USE (WITH THE EXCEPTION OF BOX 5B HAVE BEEN COMPLETED IN ADVANCE). IN ADDITION, FOSTER CARE COLOR-COATS THESE FORMS. PLEASE CONTACT YOUR LICENSOR IF YOU NEED ADDITIONAL FORMS.

SECTION 1.

1. A. This should be the name of the person in the foster home requesting the Background Authorization to be processed. If this is the foster care applicant, please print your name. If you are providing care in a foster home, please print the name of the foster parent(s).

B. Print the name of the address of the person listed in Box 1A.

C. Print the name of the foster home. If this is the foster care applicant, please print your name and any other co-applicant (if applicable). If you are providing care in a foster home, please print the name of the foster parent(s). THIS AREA MUST BE FILLED IN.

2.-5B. FOR AGENCY USE ONLY

SECTION 2

6. SOCIAL SECURITY NUMBER (OPTIONAL)

7. PRINT DATE OF BIRTH (REQUIRED) Please be sure to write four-digit year of birth.

8A. PRINT LAST NAME, FIRST NAME, MIDDLE NAME AS IT IS NOW (REQUIRED) You MUST provide full name for each box (NO INITIALS) **DO NOT LEAVE ANY BOXES BLANK**

8B. PRINT LAST NAME, FIRST NAME, MIDDLE NAME AT BIRTH (REQUIRED) If your name is the same as Box 8A, write "SAME" in ALL three boxes. **DO NOT LEAVE ANY BOXES BLANK**

9. PRINT OTHER LAST NAMES YOUR HAVE USED AND LAST NAMES YOU HAVE BEEN KNOWN BY (REQUIRED) Write "NONE" if no information applies. **DO NOT LEAVE BLANK**

10. PRINT YOUR NICKNAMES AND ALL OTHER FIRST NAMES YOU HAVE USED AND HAVE BEEN KNOWN BY (REQUIRED) Write "NONE" if no information applies. **DO NOT LEAVE BLANK**

11. You MUST answer "YES" or "NO". If you answer "YES" to A or B, you MUST fill in your conviction and pending charge, the degree, state, and conviction date (ALL OF THESE AREAS MUST BE COMPLETED, **DO NOT LEAVE ANY OF THESE AREAS BLANK**)

12. You MUST answer "YES" or "NO"

13. You MUST answer "YES" or "NO"

14. You must answer "YES" or "NO". Put "YES" if the protection order lasted longer than 30 days and it was for the protection of a vulnerable adult, juvenile or child.

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(PAGE 2 OF 2)

15. DRIVER'S LICENSE INFORMATION (REQUIRED) Print your driver's license number or state identification **AND** the state in which it was issued. You **MUST** write "NONE" if you have no information. **DO NOT LEAVE BLANK.**
16. HOW MANY YEARS HAVE YOU LIVED IN WASHINGTON STATE WITHOUT LIVING IN ANOTHER STATE? (REQUIRED) Write the number of years and/or months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you **MUST** start counting the years and months from the date you moved back to Washington State.
- 17A. PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (REQUIRED) **DO NOT LEAVE BLANK**
- 17B. PRINT THE STREET ADDRESS WHERE YOU LIVED BEFORE YOUR CURRENT ADDRESS (REQUIRED) **DO NOT LEAVE BLANK**
- 17C. GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED (REQUIRED) **DO NOT LEAVE BLANK**
18. You **MUST** read the statement in this box. Your signature under number 19 means you have read and agree to the statement in number 18. This background authorization form does **NOT** take the place of a public disclosure request for records about a founded finding. Founded finding means a state agency has taken legal action against someone after an investigation and notice of a decision about abuse, sexual abuse, neglect, abandonment or exploitation or financial exploitation of a vulnerable adult, juvenile or child.
19. You **MUST** sign your name here. If you are **NOT** 18 years old, **your parent or guardian MUST sign here. DO NOT LEAVE BLANK.**
20. You **MUST** fill in the date you signed the form (This date cannot be more than 90 days prior to submitting an application for foster care). **DO NOT LEAVE BLANK**

IF YOU HAVE QUESTIONS ABOUT FILLING OUT YOUR BACKGROUND AUTHORIZATION FORM, PLEASE CONTACT FOSTER CARE LICENSING AT (509) 363-4646.

AN EXAMPLE OF HOW A COMPLETED BACKGROUND AUTHORIZATION FORM SHOULD BE COMPLETED IS INCLUDED ON THE BACK OF THE BACKGROUND AUTHORIZATION FORM