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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | | | | LICENSING DIVISION (LD)  **Background Confirmation**  **and Out of State Check** | | | | | | | | | | | | |
| Visit the [Background Check Central Unit (BCCU)](https://fortress.wa.gov/dshs/bcs/) at <https://fortress.wa.gov/dshs/bcs/> (access through Google Chrome) to fill out the Background Check Authorization Form. This will take you approximately 15 minutes. Please ensure you have enough time before starting the background authorization process.  Once completed, you will receive an online confirmation code. Enter that code here: | | | | | | | | | | | | | | | | |
| **Online confirmation code:** | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Background authorization for:** | | | | | | | | | | | | | | | | |
| FIRST NAME | MIDDLE NAME | | | | | | LAST NAME | | | | | SUFFIX | | | BIRTHDATE | |
|  | | | | | | | | | | | | | | | | |
| **Please list any other prior names used; include first, middle, last names, nicknames, and maiden names.** | | | | | | | | | | | | | | | | |
| FIRST NAME | MIDDLE NAME | | | | | | LAST NAME | | | | | SUFFIX | | | | |
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| *If you have additional names, please attach an additional sheet of paper.* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Provider Associated with this Background Check** | | | | | | | | | | | | | | | | |
| CAREGIVER NAME (if applicable) | | | | | | | | | CPA NAME (if applicable) | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Address Information** | | | | | | | | | | | | | | | | |
| CURRENT STREET ADDRESS | | | | | CITY | | | | | | STATE | | | ZIP CODE | | |
| Have you lived outside of Washington State in the last 5 years?  Yes  No  If yes, please list all out of state addresses in the last 5 years. | | | | | | | | | | | | | | | | |
| **Street Address** | | **City** | | | | **State** | | **Zip Code** | | **County** | | | **From** | | | **To** |
|  | |  | | | |  | |  | |  | | |  | | |  |
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*If you have additional out of state addresses, please attach an additional sheet of paper.*