



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

June 10, 2015

ALTSA: AFH #2015-011
REVISED BACKGROUND CHECK AUTHORIZATION FORM

Dear Adult Family Home Provider:

This letter is to inform you that there will be a new Background Check Authorization Form effective July 1, 2015.

The DSHS Background Check Central Unit (BCCU) worked with DSHS representatives to revise the Background Check Authorization form. The work focused on making the self-disclosure questions clearer and making the form and instructions easier to understand. Many of the changes were suggested by the users of the form as well as internal and external stakeholders.

The new Background Check Authorization form, DSHS 09-653 (REV. 04/2015) will replace the current Background Authorization form DSHS 09-653 (REV. 01/2008).

Key Changes:

- The form **instructions** were rewritten for clarity.
- A **processing code** box was added to the top right corner of the form. This is where background check requesters will enter any priority processing codes like “new hire” or “fingerprint check required” that was previously placed in Box 3. If the applicant is for a Community Protection Program, enter “new hire” in this box; you no longer need to write “Community Protection”.
- **Box 3** will now only be used for DSHS state employment information. *This section of the form should not be completed.*
- **Box 5** no longer requires an OCA number. If you need the OCA for tracking, continue to put it here.
- **Self-disclosure** questions have been revised for clarity and to align with DSHS standards for disqualifying negative actions. *See below for more information related to self-disclosures.*
- A **blank box** was added at the bottom of the form. *There are no current policies regarding the use of this field; at this time it can be left blank.*
- **Prior address** is no longer included on the form.

Action

- **Effective July 1, 2015, begin using the new Background Authorization Form.**
- Instructions: Read the instructions carefully to ensure you completely understand how to accurately complete the form and how to direct the applicant to complete the form.

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- Processing Code: If a fingerprint is required, put “fingerprint check required” in this box. If a fingerprint is not required but you have a new hire or staff for Community Protection, put “new hire” in this box instead. Otherwise leave it blank.
- Self-Disclosures:
 - Inform applicants that:
 - These questions have changed. They should read through them carefully and answer them truthfully.
 - If they do not tell the whole truth on this form, they can be charged with perjury and may not be allowed to work with vulnerable adults, juveniles, or children.
 - Answers to the self-disclosure questions become part of their background check history and are stored in the DSHS database.
 - They should answer these questions accurately and consistently. It is strongly recommended that they answer the same way each time a new form is completed unless the question has changed or the previous answer was wrong or has changed.
 - It is recommended they refer to charging papers, court records or other official documents when completing this section of the form to ensure accuracy.
- Beginning July 1, 2015, the new form will be available at the following link:
 - BCCU Internet: <http://www.dshs.wa.gov/fsa/background-check-central-unit/forms>.
- BCCU will accept old forms (REV. 01/2008) through July 31, 2015 as long as the applicant did not self-disclose to Questions 12, 13 or 14.
- BCCU will reject old forms with a “yes” answer to Questions 12, 13, or 14 beginning July 1, 2015.
- BCCU will reject all old forms received after July 31, 2015.

If you have questions please contact bccuinquiry@dshs.wa.gov or (360) 902-0299.

Sincerely,



Kathy Morgan, Interim Director
Residential Care Services

“Transforming Lives”