

Portable Background Check Application

Questions regarding Portable Background Check (PBC) applications should be directed to the Background Check Unit by calling Toll-free: 1.866.482.4325, option 4 or emailing backgroundcheck@dcyf.wa.gov.

A PBC is required if you are applying to work, working, volunteering, or you are a household member of a DCYF program **Only use this paper application if you do not have access to the internet.** Each person applying for a PBC must have their own STARS ID. This form will serve to assign you a STARS ID if you do not have one already.

- Print clearly using blue or black ink.
- After you have completed the form, see Section 6 for information on how to submit your PBC.

SECTION 1: PURPOSE FOR DEL PORTABLE BACKGROUND CHECK APPLICATION		
<p style="text-align: center;">Step 1: Program Association</p> <input type="checkbox"/> Licensed Child Care <input type="checkbox"/> ECEAP – Early Childhood Education and Assistance Program <input type="checkbox"/> Work or Volunteer at an ECEAP site <input type="checkbox"/> Monitor or provide services at more than one ECEAP site <input type="checkbox"/> Head Start <input type="checkbox"/> Substitute Pool <input type="checkbox"/> FFN	<p style="text-align: center;">Step 2: Role in Program (mark one)</p> <input type="checkbox"/> Employee/Household Member <input type="checkbox"/> Volunteer	
SECTION 2: APPLICANT INFORMATION		
Legal Last Name <i>(If none write "NONE")</i>	Legal First Name <i>(If none write "NONE")</i>	Legal Middle Name <i>(If none write "NONE")</i>
DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	STARS ID <i>(may be 9 or 10 digits)</i> <i>Each person applying for a PBC <u>must</u> have their own STARS ID.</i>
CONTACT PHONE NUMBER <i>(no dashes)</i>	ALTERNATE PHONE NUMBER <i>(Optional) no dashes</i>	EMAIL _____@_____
Social Security Number (Optional) <i>no dashes</i>	Name of state where the current driver's license or state identification (ID) was issued:	Current driver's license or state ID number <i>(for Washington State this entry must be 12 characters)</i>
<p>If the name on your current driver's license or state ID card and/or your birth name are different from the legal name you entered above, please list each below exactly as it appears on the card. List all name combinations you have used or been known by including nicknames and aliases. If you have only been known by your legal name, please check the box:</p> <input type="checkbox"/> I have not been known by any other names or aliases.		
LAST NAME(S)	FIRST NAME(S) OR NICKNAME(S)	MIDDLE NAME(S)

SECTION 3: APPLICANT ADDRESS INFORMATION

Please list your current and previous address(es) for the last 5 consecutive years. Use physical addresses, do not enter PO Boxes.

Current Physical Address (where you live now):		Apartment/ Unit #	From: (MM /YYYY)	To: (MM /YYYY)
City	State	Zip Code	County	Country
Previous Address (if applicable, where you lived previously):		Apartment/ Unit #	From: (MM /YYYY)	To: (MM /YYYY)
City	State	Zip Code	County	Country
Previous Address (if applicable, where you lived previously):		Apartment/ Unit #	From: (MM /YYYY)	To: (MM /YYYY) _
City	State	Zip Code	County	Country
Current Mailing Address (if applicable)		City	State	Zip Code

SECTION 4: APPLICANT BACKGROUND INFORMATION

1) In the last three years, have you completed a fingerprint check for the Department of Children, Youth and Families (DCYF) or the Department of Social and Health Services (DSHS)?			YES	NO
2) Have you been convicted of any crime or had any other disposition of criminal charges against you in any local, state, federal, military (either through judicial or non-judicial means), tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. <i>If YES, fill in the fields below. Use blank page at end of form if more space is needed.</i>			YES	NO
Crime	Jurisdiction	Decision	Decision Date	
Crime	Jurisdiction	Decision	Decision Date	
3) Do you have any criminal charges pending against you for any crime in any local, state, federal, military, tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. <i>If YES, fill in the fields below. Use blank page at end of form if more space is needed.</i>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Crime	Jurisdiction	Degree	Charge Date	
Crime	Jurisdiction	Degree	Charge Date	

<p>4) Have you ever received a notice or order from a court or government agency stating that you have or may have physically abused, sexually abused, neglected, abandoned, or exploited a child, juvenile or vulnerable adult? <i>If YES, provide the information below.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5) Has a court ever issued a restraining order, an order of protection, no contact order, or similar order against you for physically abusing, sexually abusing, neglecting, abandoning, exploiting, harassing, or committing domestic violence against a child, juvenile or adult (including but not limited to a vulnerable adult)? <i>If YES, provide the information below.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6) Has any court ever found you to be in violation of a restraining order, order of protection, or no contact order, or similar order? <i>If YES, provide the information below.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>7) Have you ever been disqualified based on a background check from having unsupervised access to children, juveniles or vulnerable adults? <i>If YES, provide the information below.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8) Has a government agency (including, but not limited to, a professional disciplinary board) ever notified you that an adverse finding or decision was made against you or that adverse action was taken against you:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> • With regard to a professional, business, or occupational license or certification. This includes, but is not limited to, the revocation, denial, and suspension of a license, the assessment of civil penalties, and/or restrictions on practice, to include being required to operate under the supervision of another person? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> • With regard to a contract. This includes, but is not limited to the denial, termination, or suspension of a contract. <p><i>If YES, provide the information below.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>9) Have you ever voluntarily surrendered a professional, business, occupational license or certification or a contract in lieu of adverse action by a court or government agency? <i>If YES, provide the information below.</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<p align="center">SECTION 5: STATEMENT OF UNDERSTANDING <i>(Signature Required to Process Application)</i></p>
<p>I authorize the Department of Children, Youth and Families (DCYF) to enter this information into the Managed Education and Registry Information Tool (MERIT), a secure system owned and operated by DCYF, and this information will be used to create a MERIT record and assign a STARS ID (if I do not already have one). I understand that for the purposes of my MERIT professional record and STARS ID, information shared with DCYF becomes public record and some information in public records is available to the general public upon request.</p> <p>I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I understand that if the information I provided is determined not to be true and correct I may be charged with perjury, I may be disqualified from having unsupervised access to children in care, and, if I am a child care licensee, DCYF may revoke my license or take other enforcement action against me.</p> <p>In addition, my signature below means:</p> <ul style="list-style-type: none"> • I give DCYF and DSHS permission to check my background with any government entity, including but not limited to law enforcement agencies. • I give any governmental entity, including but not limited to law enforcement agencies, permission to release to DCYF and DSHS any background check information that DCYF and DSHS requests. • In the event my background check information becomes pertinent to an appeal of a background check disqualification or a licensing action, I give DCYF and DSHS permission to release my background check information to an administrative law judge, and administrative law review judge, or to a court. • I give DCYF and DSHS permission to release my background check information as required by court order, the Public Disclosure Act, Chapter 42.56 RCW, or other laws pertaining to privacy, confidentiality, or the release of public records.

- I give DCYF permission to give my background information to the associated DCYF program.
- These permissions are valid for three years from the date of signature and submission.

If I am age 13, 14, or 15 an in-state background check will be completed per WAC.

I understand I must report within twenty-four hours the following information about myself once I submit my background check, regardless of where the incident occurred:

- An arrest or pending charge against me.
- Allegations of child abuse or neglect.

Report this information to 1.866.ENDHARM (1.866.363.4276).

Signature (REQUIRED)	Today's Date (mm/dd/yyyy)	City or County where this form was signed
Parent or Guardian's Signature <i>(REQUIRED if you are under 18 years of age)</i>	Today's Date (mm/dd/yyyy)	City or County where this form was signed

SECTION 6: SUBMIT YOUR PBC APPLICATION

You have three options to submit your PBC Application (Choose 1 option)

1) Mail to:
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
ATTN: PBC
PO BOX 40993
Olympia, WA 98504

OR

2) Email to dcyf. backgroundcheck@dcyf.wa.gov

OR

3) Fax to 360-407-5577