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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**Employee and Juvenile Rehabilitation Contractor Background Check Request / Summary** |
| Use this form to request a background check for a DCYF employee, intern or other volunteer who will perform work for a DCYF office, or a Juvenile Rehabilitation contractor. This form is not for volunteers who provide case service support. You must include one completed [Background Authorization (DSHS 09-653)](http://forms.dshs.wa.lcl/formDetails.aspx?ID=6611) form for each applicant or provide the online confirmation code if the applicant completed the form online. E-mail the forms to the DCYF background check unit at sebc@dcyf.wa.gov or call (360) 407-5500 with questions. It is the requestor’s responsibility to verify the applicant’s non-expired, government-issued identification prior to submitting this request.  |
| **Request: To be completed by the DCYF hiring supervisor, human resource, Juvenile Rehabilitation contract staff or designee.** |
| REQUESTOR’S NAME**Rick Butt and Dorene Hurd** | APPOINTING AUTHORITY’S NAME**Bolesha Johnson**  |
| APPLICANT’S NAME | APPLICANT’S DATE OF BIRTH | ONLINE CONFIRMATION CODE (IF APPLICABLE) |
| **Select only one purpose** **for this applicant**:[ ]  DCYF employeePlease check additional if applicable: [ ]  Juvenile Rehabilitation employee or Juvenile Rehabilitation Contractor (PREA fingerprint requirement) [ ]  Juvenile Rehabilitation Contractor [x]  Support for DCYF staff (intern, student, WorkFirst, or work done for a DCYF office or staff and not for a case) |
| **Summary: To be completed by the background check supervisor.** |
| [ ]  **PASS**: **The requestor may authorize the applicant for the purpose the background check was requested.**[ ]  **DID NOT PASS: The requestor cannot authorize the applicant for the purpose the background check was requested.**  |
| **OCA Number:** | **Date Completed:** |
| The applicant was provided a copy of his/her background check results, when applicable. |