

CHILDREN'S ADMINISTRATION
Background Clearance Notification

DATE	ATTENTION:	
AGENCY NAME	FOSTER HOME NAME (IF APPLICABLE)	
INDIVIDUAL'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

A **background check has been completed** by the Children's Administration Background Check Unit (CABC) for the individual named above regarding criminal convictions, pending charges and negative actions, including:

Washington State Patrol (WSP) Date:

Federal Bureau of Investigation (FBI) Date:

A **character and suitability check has been completed** by Children's Administration for the individual named above including:

Children's Administration's information system Date:

Out-of-State Child Abuse Registry Information Date:

PLEASE NOTE

- **The results of the criminal history inquiry may be shared internally within DSHS.**
- **The clearance or approval to have unsupervised access to children is not transferable to another agency and that determination will be made by each agency according to the agency regulations.**

The listed individual **IS CLEARED** by Children's Administration to work with children at _____ Agency or Foster Home. This clearance cannot be transferred to another agency or used for another purpose. The clearance is valid until the time for licensing renewal. ***Private Agency: Please notify your CA licensor when the family meets minimum licensing requirements and your agency has chosen to certify the home for licensure and submitted a complete certification.***

The listed individual **IS NOT CLEARED** BY Children's Administration for unsupervised contact with children.

THIS INQUIRY HAS NOT BEEN COMPLETED BECAUSE:

To complete the clearance process, more information is needed. Please contact _____ at _____ should you want to continue the clearance process.

There is incomplete or incorrect information on the Background Check Authorization form (DSHS 09-653). Enclosed are all original documents. Please correct the following errors:

Once you are ready to proceed with the clearance process, please send all documents, with current dates, back to our office in the enclosed postage paid envelope.

FORM COMPLETED BY	LICENSOR VERIFICATION
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