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| Logo for the Washington State Department of Social and Health Services featuring three people, arms interconnected, inside an outline of the state of Washington. |  Division of Vocational Rehabilitation (DVR) **Request to Provide CRP-IL Services and** **Background Check: Create Account** |
| **This is Part 1 Submission: Request and BCS. Completion of all steps in Part 1 is necessary to move forward to Part 2 Submission: Technical and Administrative Documents.** |
| **Instructions**Please read this form in its entirety before proceeding. To request approval to provide Community Rehabilitation Program / Independent Living (CRP-IL) services and initiate the creation of a background check account, you must carefully follow the instructions below. Each step must be completed in the exact order stated for your submission to be processed successfully. Please ensure all documents are fully completed, signed and returned to this designated email: **crpil.dvrsolicitation@dshs.wa.gov**.**CRP-IL Services Request and Background Check Process Overview** |
| 1. **Request and Initiation**
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| The vendor must complete, sign, and submit this request form along with the **Background Check Account Information for Contracting BCS Account form, DSHS 02-738**, to request CRP-IL services and initiate Background Check System (BCS) account creation. The **DSHS 02-738** designates your Primary Account Administrator (PAA)**,** who will manage the account and serve as the main contact.Once both this form and the **DSHS 02-738** are completed, submit them to the designated email for processing and the Division of Vocational Rehabilitation (DVR) staff will forward the **DSHS 02-738** to the Background Check Central Unit (BCCU) for account creation. |
| 1. **Account Creation**
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| The BCCU will create the BCS account within two (2) business days and notify both DVR staff and the vendor through e-mail.To register and activate BCS account follow the link generated and sent by BCS. Designated PAAs will enter the user registration keycode received. The user registration key is time sensitive and is only valid for seven (7) days. After seven days, the registration key will expire, and the user will be required to contact BCCU. Please reach out to DVR staff to inform us of any delay.At that point, your account is now activated with a designated PAA; the PAA should proceed with the background check requirements outlined below. |
| 1. **Background Check Requirements**
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| **Please Note: Effective immediately, all employees providing direct services to DVR customers must complete a background check at each solicitation.** The PAA must conduct background checks for all staff who will work directly with DVR clients within the BCS. The PAA should list these staff members on the **DVR Background Check Reporting form, DSHS 17-264**. If any staff members’ background check results indicate disqualification, the PAA must also complete and submit the **Background Check Review: Character, Competence, and Suitability for Contractor Employees / Volunteers form, DSHS 17-263**. Please note this form may **not** be used when the individual has automatically declassifying convictions pending charges or negative actions. |
| 1. **Submission of BCS Results and Required Forms**
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| In this final step to complete **Part 1 Submission: Request & BCS**, you must submit a digital copy of all background check results for your staff members, along with the required forms: **DSHS 17-264** and, if applicable, **DSHS 17-263**.Once the final forms and background check results are submitted and verified by DVR staff, you will receive instructions and forms for **Part 2 Submission: Technical and Administrative Documents.** |
| 1. **Acknowledgement and Signature**
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| By signing below, I confirm that I am requesting approval to provide services and authorize the creation of a background check account as required by the CRP-IL program. |
| Signature Date       | Printed Name      |
| Please submit this signed form along with the completed **Background Check Account Information for Contracting BCS Account form, DSHS 02-738,** to **crpil.dvrsolicitation@dshs.wa.gov**. |