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| Transforming Lives | DEPARTMENT OF SOCIAL AND HEALTH SERVICES / BACKGROUND CHECK CENTRAL UNIT (BCCU)  **BCCU Applicant Affidavit**  Instructions |
| The BCCU Applicant Affidavit is used to provide additional information regarding:   * **Crimes** reported by the Washington State Patrol (WSP), Washington State Courts (Courts), Department of Corrections (DOC), the Federal Bureau of Investigation (FBI), or other states. * **Negative Actions** reported by the Department of Children, Youth and Families (DCYF), Department of Health (DOH), or Aging and Long-Term Support Administration (ALTSA), including Residential Care Services and Home and Community Services. * **Applicant Self-Disclosures** made on a Background Check Authorization Form.   **BCCU does not have the authority** toremove crimes or negative actions.   * Applicant MUST contact the WSP, Courts, DOC, FBI, or other state to remove crimes. * Applicant MUST contact the DCYF, DOH, or ALTSA to remove negative actions.   Applicant MUST complete Section A **AND** Section B of the BCCU Applicant Affidavit.  Failure to follow these directions or write clearly may result in Applicant Affidavit being rejected. | |
| **Section A** | |
| **Applicant’s Name** Legal first, middle and last name. BCCU will reject form if not completed.  **Applicant’s Email Address** Email address you give BCCU consent to send you confidential and sensitive background check information.  **Date of Birth** Month / Day / Year - MM/DD/YYYY  **Inquiry ID / OCA Number** Number as it appears on your background check result notification.  **Phone Number** Phone number where you can be reached Monday through Friday between 8:00 AM to 5:00 PM. By checking the box, you are authorizing BCCU to leave a detailed message.  **Purpose of the Affidavit** Select **ALL** the option(s) that best describes the reason you are completing the Applicant Affidavit. Complete ONE Affidavit per crime or negative action.  **Mark Box 1** if you want to provide details for a crime being reported by the WSP, Courts, DOC or FBI.  **Mark Box 2** if you want to provide details of your self-disclosure to questions 11A, 11B, 12, 13 or 14 of the Background Check Authorization Form. For other self-disclosure questions fill in the number in the space provided. | |
| **Section B** | |
| **First, Middle, Last Name** Clearly print legal first, middle and last name. BCCU will reject form if not completed.  **Date of Crime / Action** Full date Month / Day / Year (MM/DD/YYYY) of conviction. This date must match the date provided to BCCU as it appears on your record. If you need to change the date of the crime on your self-disclosure, provide the original date and the correct date of the crime / conviction / action.  **Crime / Action** Official name of crime or negative action as appears on your records.  **Degree** Degree of the crime.  **State** State where crime or negative action occurred.  **Outcome of Crime / Action** Disposition of crime/action – convicted, dismissed, deferred, etc.  **Description of Events** Describe circumstances that led to the conviction, negative action OR self-disclosure error (see examples below).  **Examples: Additional Information Needed:**  **Assault / Battery** Who was the victim(s)? What were the injuries the victim sustained? Were any weapons involved?  **Burglary** What was the nature of the structure burglarized? Were any weapons involved?  Did any assaults occur during or in direct flight from the scene of the crime?  **Drug** Description of the circumstances that lead to the drug charge or conviction.  **Fraud / Embezzlement** What was the dollar obtained from fraud or embezzlement?  **Theft** What type of property / services stolen and dollar value?  **Other Crimes** Description of circumstances, provide details.  **Self-Disclosure Correction** Why did the error occur? What is the correct answer to the question?  What is the full/correct date (MM/DD/YYYY)? What is the correct crime name, degree, etc.?  **Attachments** Check box, if you attach additional documents to the Applicant Affidavit, additional affidavit pages or court documents and write number of pages attached.  **Signature and Date** Sign and date the Applicant Affidavit. BCCU will reject your Applicant Affidavit if it is not signed and dated. Electronic signatures are accepted only if accompanied by a valid government-issued picture identification (ID). Handwritten signatures do not require an ID. | |

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| Transforming Lives | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  BACKGROUND CHECK CENTRAL UNIT (BCCU)  **BCCU Applicant Affidavit**  Complete Section A AND Section B | | | |
| **Section A** | | | | |
| **REQUIRED:** APPLICANT’S NAME (FIRST, MIDDLE, LAST) | | | **REQUIRED:** APPLICANT’S EMAIL ADDRESS | |
| **REQUIRED:** DATE OF BIRTH (MM/DD/YYYY) | | INQUIRY ID/OCA NUMBER | **REQUIRED:** PHONE NUMBER (INCLUDE AREA CODE)    I authorize BCCU to leave a detailed message. | |
| **What is the purpose of this affidavit?**(You may check more than one if related to same crime / action.)  1. I am providing additional details regarding a crime or negative action.  2. I am providing additional details regarding my self-disclosure(s) on the Background Check Authorization form. (Provide details regarding the self-disclosure or to combine differing self-disclosures for the same crime.)  Self-Disclosure question(s) addressing:  11A  11B  12  13  14  (other) | | | | |
| **Section B** | | | | |
| **I,**  **, attest under penalty of perjury, the following:**  **REQUIRED: PRINTED FIRST, MIDDLE INITIAL, LAST NAME** | | | | |
| Date of crime / action (MM/DD/YYYY): | | | | |
| Crime / action: | | | | |
| Degree of crime: | | | | |
| State: | | | | |
| Outcome of crime / action: | | | | |
| Description of events: | | | | |
| I have attached additional pages or court documents with Inquiry ID/OCA Number written on each page. | | | | |
| I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, children, or have access to sensitive information. The information I provide to the BCCU may be used in a court of law. By signing below, I give DSHS permission to re-run my background check with any governmental agency or law enforcement agency and provide the results of the background check to the original requestor of the background check. | | | | |
| **REQUIRED:** SIGNATURE (ELECTRONIC SIGNATURES MUST ATTACH VALID ID.) | | | | **REQUIRED:** DATE SIGNED (MM/DD/YYYY) |
| **Send your completed and signed Applicant Affidavit and supporting documents to BCCU:**  **EMAIL**: [bccuprocessing@dshs.wa.gov](mailto:bccuprocessing@dshs.wa.gov) **FAX**: (360) 902-7954 **MAIL**: PO Box 45025, Olympia WA 98504-5025  BCCU will review the information and issue an updated result to the hiring entity if there is a change. Completing the BCCU Applicant Affidavit will NOT result in updated fingerprint information. | | | | |