



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
CHILDREN'S ADMINISTRATION  
PO Box 45710  
Olympia WA 98504-5710

## Washington State Child Abuse and Neglect Founded Findings Request from Another State

The information provided through this service is limited to the existence of founded findings (substantiated findings) of allegations of child abuse and neglect, and complies with the Adam Walsh Child Protection and Safety Act of 2006 for purposes of approving a prospective adoptive or foster parent. Follow the steps below:

**This form must be typewritten and signed. Any handwritten or incomplete forms will be returned for correction.**

- Complete one form for each individual for whom a child abuse/neglect findings request is being requested.
- Include a check or money order in the amount of \$20.00, per individual inquiry, made payable to DSHS Children's ADMN
- Mail completed requests to: DSHS Children's Administration ATTN: Fiscal  
PO Box 45710  
Olympia WA 98504-5710
- See "instructions" for ICPC requests. Call 1-800-562-5624 or email [CANhistorychecks@dshs.wa.gov](mailto:CANhistorychecks@dshs.wa.gov) with any questions.

|   |  |  |                                |
|---|--|--|--------------------------------|
| <b>A. Requestor Information</b>   |  |  |                                |
| NAME, LAST<br><b>Girgis</b>   | FIRST<br><b>Basem</b>                            | TITLE<br><b>Program Coordinator</b>              |                                |
| AGENCY OR BUSINESS NAME<br><b>TN Department of Human Services</b>   |  | WASHINGTON DSHS CASE NUMBER (ICPC ONLY)          |                                |
| MAILING ADDRESS<br><b>James Polk Bldg, 505 Deaderick St., 15<sup>th</sup> Floor Nashville</b>   |  | CITY<br><b>TN</b>                                | STATE ZIP CODE<br><b>37243</b> |
| TELEPHONE NUMBER (WITH AREA CODE)<br><b>6152534170</b>  | FAX NUMBER (WITH AREA CODE)<br><b>6155329956</b> | E-MAIL ADDRESS<br><b>ccbackground.dhs@tn.gov</b> |                                |
| <b>B. Signature of Requestor</b>  |  |  |                                |
| REQUESTED BY (SIGNATURE)  |  |  | DATE SIGNED                    |
| <b>C. Subject of Records Requested</b>  |  |  |                                |
| NAME: LAST<br><b></b>   | FIRST<br><b></b>                                 | MIDDLE<br><b></b>                                | DATE OF BIRTH                  |
| PREVIOUS NAMES USED (AKA, ALIASES OR MAIDEN)  |  | SEX  | SOCIAL SECURITY NUMBER         |
| LAST WASHINGTON STATE MAILING STREET ADDRESS  |  | CITY   | STATE ZIP CODE                 |
| <b>D. Authorization BY Subject of Records Requested</b>   |  |  |                                |
| By signing below, I authorize the State of Washington Department of Social and Health Services to release confidential information about me regarding any founded findings of child abuse or neglect to the requesting individual or agency identified above.   |  |  |                                |
| SIGNATURE   |  |  | DATE SIGNED                    |
| <b>Response by the Washington State DSHS Children's Administration</b>  |  |  |                                |
| The result of a search of the Children's Administration child welfare records, pursuant to the data provided above is as follows:<br><br><input type="checkbox"/> Our records do not indicate that the person identified in your inquiry request has been named as a subject in a founded finding of abuse or neglect.<br><br><input type="checkbox"/> Our records indicate that one or more founded findings exist in which the person identified in your inquiry request was the subject. |  |  | CHECK NUMBER                   |
|   |  |  | FISCAL INITIALS                |
|   |  |  | DATE COMPLETED                 |
|   |  |  | STAFF INITIALS                 |

## Instructions

### Purpose

The information provided through this service, and with this form, is limited to the existence of founded findings of child abuse and neglect. "Inconclusive" or "unfounded" findings, or other information contained in the individual's record, will not be provided through this process. There is a fee of \$20.00 per individual inquiry. This fee is not applicable to ICPC requests for a Washington dependent child. Requesting ICPC state must provide the WA Children's Administration case number in the "Requestor Information" section of this form. This form is generally used by public child welfare agencies, a private agency with the authority to place children, or employers required to check any child abuse and neglect registry maintained by Washington state. Specific records requests must be made through the Department of Social and Health Services Children's Administration Public Disclosure at 1-844-506-8375 or [capublicdisclosure@dshs.wa.gov](mailto:capublicdisclosure@dshs.wa.gov).

### Use

You must type information on this form and the signatures must be handwritten. Use the tab key to move between fields. "Requestor" refers to the person or agency who is requesting the record. The "Authorization" signature is the signature of the person whose records will be reviewed for child abuse and neglect history. A separate form must be completed for each person whose records are requested.

### Parts of Form

#### A. Requestor Information

- Name: Provide the full name of the person requesting the information. This should be an employee of a private or public child welfare agency or employees required to check any child abuse and neglect registry maintained by Washington state.
- Agency's Name and Requestor's Title: Provide the name of the agency and title of the employee of the private or public child welfare agency requesting the information.
- Mailing Address: Provide the mailing address of the agency or business requesting the information.
- Telephone Number: Provide the telephone number for the agency or business requesting the information, include the area code.
- Fax Number: Provide the fax number for the agency or business requesting the information, include the area code.
- E-Mail Address: Provide the agency e-mail address for the person requesting the information.

#### B. Signature of Requestor

- Requested by (Signature): The person requesting the information must sign the document.
- Date Signed: The person requesting the information must include the date that the document was signed.

#### C. Subject of Records Requested

- Name: Provide the full name of the individual whose records you are requesting to be checked.
- Last Washington State Mailing Street Address: If the individual no longer lives in Washington, please provide the last Washington State mailing address for the individual whose records you are requesting to be checked.
- Date of Birth: Provide the date of birth of the individual whose records you are requesting to be checked.
- Previous Names Used (AKA, Aliases or Maiden): Provide any other names known to be used by the individual whose records you are requesting to be checked.
- Social Security Number: This is optional. Provide the social security number of the individual whose records you are requesting to be checked.

#### D. Authorization

- Signature: The individual whose records you are requesting must sign the document, unless you are otherwise authorized under law to receive this confidential information.
- Date Signed: The individual whose records you are requesting must include the date that he/she signed the document.

NOTE: If you believe that you have independent legal authority to receive this confidential information without a signed authorization of the individual whose information you are requesting you must **attach a copy of the court order, other documentation and/or explanation of the legal basis** for your authority to obtain this confidential information. Children's Administration will make an independent determination based on the information you provide and the applicable state and federal laws whether you are legally authorized to obtain this information.