



## 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, the Child Care and Development Block Grant Act and the Family First Prevention Services Act. Follow the steps below:

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

1. Complete one form for each individual for whom a child abuse/neglect findings request is being requested.
2. Include a check or money order in the amount of \$20.00, per individual inquiry, made payable to DCYF
3. Mail completed requests to:

Department of Children, Youth, and Families  
ATTN: Fiscal  
PO Box 40970  
Olympia WA 98504-0970

4. See "instructions" for ICPC and self-requests. Call 206-341-7938 or email [CANhistorychecks@dcyf.wa.gov](mailto:CANhistorychecks@dcyf.wa.gov) with any questions.

A. Requestor Information			
LAST NAME <b>Girgis</b>	FIRST NAME <b>Basem</b>	TITLE <b>Program Coordinator</b>	
AGENCY OR BUSINESS NAME <b>TN Department of Human Services/ Background unit</b>		WASHINGTON DCYF CASE NUMBER (ICPC ONLY)	
MAILING ADDRESS <b>James K. Polk Building, 15th Floor, 505 De Nashville</b>		STATE <b>TN</b>	ZIP <b>37243</b>
TELEPHONE NUMBER (WITH AREA CODE) (615)253-4170	FAX NUMBER (WITH AREA CODE) (615)532-9956	E-MAIL ADDRESS <b>ccbackground.dhs@tn.gov</b>	
B. Signature of Requestor			
REQUESTED BY (SIGNATURE)			DATE SIGNED
C. Subject of Records Requested			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
PREVIOUS NAMES USED (AKA, ALIASES OR MAIDEN)		GENDER	SOCIAL SECURITY NUMBER
LAST WASHINGTON STATE MAILING STREET ADDRESS	CITY	STATE	ZIP CODE
D. Authorization BY Subject of Records Requested			
By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release my confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual or agency identified above.			
SIGNATURE			DATE SIGNED
Response by DCYF			
The result of a search of the DCYF child welfare records, pursuant to the data provided above is as follows:		CHECK NUMBER	
<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.		FISCAL INITIALS/DATE /	
<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.		DATE COMPLETED	
		STAFF NAME	

## 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 **only**. Requesting ICPC state must provide the WA DCYF 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 or agencies required to check any child abuse and neglect registry maintained by Washington state, or by individuals hired by employers or agencies required to obtain this information. Specific records requests must be made through the DCYF Public Disclosure at 1-844-506-8375 or [dcyf.publicdisclosure@dcyf.wa.gov](mailto:dcyf.publicdisclosure@dcyf.wa.gov).

### Use

You must type information on this form and the signatures must be handwritten. A scanned copy of the final document is acceptable. Use the tab key to move between fields. "Requestor" refers to the person or agency who is requesting the record and must match the signature. 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 employers required to check any child abuse and neglect registry maintained by Washington state or an individual required to provide this information for the purpose of adoption, fostering, relative placement, employment, internship or volunteering.
- Requestor's Title: Provide the title of the employee of the private or public child welfare agency requesting the information. If self-requesting indicate your position (i.e., employee, volunteer, intern, foster parent or adoptive parent).
- Agency or Business Name: Indicate the name of the business or organization requiring the check.
- 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 or your number if self-requesting.
- 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 or your e-mail address if self-requesting and you wish results sent to you.

#### 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 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. If you are self-requesting, provide your name as instructed.
- 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 or your last address if self-requesting.
- Date of Birth: Provide the date of birth of the individual whose records you are requesting to be checked or your date of birth if self-requesting.
- 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 or any other names you have used if self-requesting.
- Social Security Number: This is optional. Provide the social security number of the individual whose records you are requesting to be checked. The social security number of the individual whose records you are requesting is optional and assists in the proper identification of an individual's records.

#### 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. Sign the document here as well if you are self-requesting.
- Date Signed: The individual whose records you are requesting must include the date that he/she signed the document. Include the date you signed the document if you are self-requesting.

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. DCYF 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.