



DIVISION OF DISABILITY DETERMINATION SERVICES

CHARACTER, COMPETENCE, AND SUITABILITY REVIEW/ASSESSMENT FOR UNSUPERVISED ACCESS TO VULNERABLE INDIVIDUALS

This form MUST be completed when a Contract Applicant, staff member, or volunteer has a criminal record or a referral history in CAMIS that does not automatically disqualify them.*

SECTION I. APPLICANT REQUESTING REVIEW

1. APPLICANT NAME	2. DATE OF BACKGROUND CHECK
3. REQUESTED POSITION	

SECTION II. SUMMARY OF CRIMINAL RECORD

Date of Conviction	Source of Information <small>(WSP, DSHS, CPS, APS, RPP, DOH, DOC, etc.)</small>	Conviction, seriousness of crime <small>(Felony, Gross Misdemeanor), and license revocation, suspension, or contract termination.</small>	Age at Conviction	Number of years since concerning behavior	Completion of any requested treatment <small>(include sentencing/incarceration information)</small>

Any other pertinent information:	

SECTION III. DECISION

After careful consideration of the above information, it has been determined that the Applicant is: <input type="checkbox"/> Qualified – suitable to have unsupervised access to vulnerable individuals (adults or children) <input type="checkbox"/> Disqualified or denied – <i>NOT</i> suitable to have unsupervised access to vulnerable individuals (adults or children) <input type="checkbox"/> Questionable (explained below)	
Additional Comments or Rational:	
SIGNATURE	DATE

* Washington State Case and Management Information System