

KITSAP RESIDENCES

| | | |
|---------------------------------------|---------------|--|
| APPLICATION FOR EMPLOYMENT | DATE: | |
| | SSN: | |
| | INTERVIEW: | |
| | DATE OF HIRE: | |

Kitsap Residences is an equal opportunity employer, and it is the policy of the agency to provide equal opportunity in all terms and privileges for employment for all qualified job applicants and employees without regard to race, creed, color, national origin, age, marital status, physical disability, mental or sensory disability, or veteran status, including disabled veterans of the Vietnam era.

POSITION APPLIED FOR: _____ REFERRED BY: _____

PERSONAL INFORMATION - PLEASE PRINT CLEARLY

NAME:

(LAST) (FIRST) (MIDDLE)

ADDRESS:

(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ BEST TIME TO CONTACT YOU: _____ EMAIL: _____

DO YOU HAVE PROOF OF COVID-19 VACCINATION? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

DO YOU HAVE A CURRENT WASHINGTON STATE DRIVER'S LICENSE? YES NO

DO YOU HAVE PROOF OF CURRENT AUTOMOBILE INSURANCE? YES NO

DO YOU HAVE A RELIABLE VEHICLE AT YOUR DISPOSAL? YES NO

HAVE YOU EVER APPLIED WITH THIS AGENCY BEFORE? YES NO

IF YES, WHEN? _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO

IF YES, WHEN? _____

DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? YES NO

WOULD YOU BE WILLING TO WORK: FULL TIME PART TIME ON CALL

PLEASE SPECIFY SHIFTS YOU ARE WILLING TO WORK: GRAVEYARD WEEKENDS SWING

ARE YOU EMPLOYED NOW? YES NO

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE JOBS? YES NO

MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER? YES NO

IF YES, EMPLOYER PHONE: _____

DO YOU HAVE ANY LIFTING RESTRICTIONS, MEDICAL CONDITIONS OR OTHER CONDITIONS THAT COULD INTERFERE WITH YOUR ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS? YES NO

IF YES, PLEASE DESCRIBE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? YES NO

PLEASE EXPLAIN: (CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU): _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME: _____ PHONE: _____

ADDRESS: _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | YEARS | GRADUATED | COURSE OR MAJOR |
|------------------------|-----------------------------|-------|-----------|-----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (please specify) | | | | |

WORK EXPERIENCE

Start with your present or last job. Include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

YOU MUST INCLUDE AT LEAST THE LAST FIVE YEARS

| | | |
|-----------------------------|------------------------|-----|
| Employer: | Dates Employed: | |
| Address: | From: | To: |
| Phone Number(s): | Work Performed: | |
| Starting/Present Job Title: | | |
| Supervisor: | | |
| Reasons for leaving: | | |
| Employer: | Dates Employed: | |
| Address: | From: | To: |
| Phone Number(s): | Work Performed: | |
| Starting/Present Job Title: | | |
| Supervisor: | | |
| Reasons for leaving: | | |
| Employer: | Dates Employed: | |
| Address: | From: | To: |
| Phone Number(s): | Work Performed: | |
| Starting/Present Job Title: | | |
| Supervisor: | | |
| Reasons for leaving: | | |
| Employer: | Dates Employed: | |
| Address: | From: | To: |
| Phone Number(s): | Work Performed: | |
| Starting/Present Job Title: | | |
| Supervisor: | | |
| Reasons for leaving: | | |

COMMENTS: Explain any gaps in employment. You may use a separate page if you need additional space.

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Describe any special training, apprenticeship, skills, and extra-curricular activities

| |
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| |

List professional, trade, business, or civic activities and offices held

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status

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| |
| |

Additional Information

Other qualifications. Summaries, special job-related skills, and qualifications acquired from employment or other experience

| |
|--|
| |
| |

Personal/professional references. Do not include family members or past supervisors

| Name | Phone # | Best time to call | Occupation |
|------|---------|-------------------|------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

Applicant's Statement

I certify that answers given herein are true and complete

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this agency.

I give Kitsap Residences permission to check for any convictions including those related to drugs and/or alcohol.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

| | |
|----------------|--------------------------|
| Date of Birth: | Driver's License Number: |
|----------------|--------------------------|

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer, we comply with government regulation, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record-keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional.

Please note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Voluntary Survey (please print clearly)

Date:

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran, and other status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

Submission of this form is voluntary.

Name:

Address:

City:

State:

Zip:

Social Security Number:

Date of birth:

U.S. Military Veteran:

Yes No

Check one:

Female Male

Ethnic Origin:

White

Black

Hispanic

Asian Pacific Islander

American Indian/Alaskan Native

Other: _____

KITSAP RESIDENCES

APPLICANT MEMO OF UNDERSTANDING

I have read the attached job description(s) and do hereby state that I meet all of the job requirements and can fully complete the duties and responsibilities as outlined therein.

I understand the failure to meet all of the necessary requirements and/or duties and responsibilities can and will result in my immediate termination from the agency.

This section is being provided so that the applicant can voluntarily indicate whether or not they need reasonable accommodations to perform the essential job functions.

If you require reasonable accommodations indicate those accommodations here:

If you do not require reasonable accommodations to perform the essential job functions, state that here:

Applicant's name (print):

Applicant's signature:

Date:

KITSAP RESIDENCES

POLICIES & PROCEDURES MANUAL

Subject: JOB DESCRIPTION

Section: 34

Job Title: Support Staff (non-graveyard)

REQUIREMENTS:

Proof of COVID-19 vaccination.

Successful completion of background check.

No lifting restrictions or other conditions that could potentially interfere with the ability to perform the essential job functions.

Eighteen years of age or older.

Minimum of high school diploma or GED.

Ability to work without close supervision.

Ability to work with people and their families with respect.

Ability to work with other employees.

Ability to work with other individuals and agencies outside of Kitsap Residences.

DUTIES AND RESPONSIBILITIES:

Maintain an attitude of support and helpfulness.

Follow all agency procedures in terms of safety, health, financial, household maintenance, and a healthy living environment, as well as all general agency policies and procedures.

Follow through and document appropriately all programs with accurate and timely documentation.

Transport clients safely to and from work and or community activities.

Attend all staff meetings.

Complete all paper work required in a timely manner.

Discuss with outgoing or incoming staff pertinent information.

Attend training assigned by supervisor, program coordinator, or Executive Director.

Write daily progress notes.

Assist with daily hygiene tasks, meals and medications according to individual schedules.

Assist people to access all aspects of the community.

Call into business office any needed paperwork.

Other duties as assigned.

KITSAP RESIDENCES

POLICIES & PROCEDURES MANUAL

Subject: JOB DESCRIPTION

Section: 34

Job Title: Graveyard Support Staff

REQUIREMENTS:

Proof of COVID-19 vaccination.

Successful completion of background check.

No lifting restrictions or other conditions that could potentially interfere with the ability to perform the essential job functions.

Over 18 years of age.

Minimum of high school diploma or GED.

Ability to work without close supervision.

Ability to work with individuals and their families with respect.

Ability to work with other employees.

Ability to work with other individuals and agencies outside of Kitsap Residences.

Ability to clean homes as per posted schedule.

DUTIES AND RESPONSIBILITIES:

Discuss with outgoing or incoming staff pertinent information. Respond appropriately to individuals who may be awake during the night.

Maintain an attitude of support and helpfulness to all individuals, their families, and other employees.

Follow all agency policies and procedures in terms of safety, household maintenance, and a healthy living environment.

Respond to emergencies as per agency policy and procedures.

Stay awake during shift.

Perform household tasks according to posted schedule.

Check each home responsible for at least every hour to ensure safety of individuals.

Complete all programs and documentation with accurate, timely documentation.

Transport clients safely to and from work and/or community activities.

Attend all staff meetings.

Attend training assigned by supervisor, program coordinator or Executive Director.

Complete all paperwork including filing and purging of records.

Write daily progress notes.

Assist individuals with daily hygiene tasks, meals and medications according to schedules.

Complete all agency time lined documents in a timely manner.

Complete monthly safety checks for each apartment.

Complete daily money and medication counts.

Other duties as assigned.

KITSAP RESIDENCES

2505 SE Mile Hill Dr. Suite 201, Port Orchard, WA 98366-3522 Phone: (360) 876-1470 Fax: (360) 876-2648
Email: support@kitsapresidences.org

Reference Check

Prospective employee: Please complete lines 1 through 6 of this form and sign your name on the applicant signature line.

1. To: (Current or former employer)

2. Former Employer's Address:

3. Applicant's Name:

4. Employer's Phone/Fax Number:

5. Job Title:

6. Dates of employment: From: _____ To: _____

I have applied for employment with Kitsap Residences. I release the company or person named in line 1 above from all liability and authorize them to release all information regarding my employment with them. I also hold Kitsap Residences harmless in acquiring this information.

Applicant's Signature: _____ Date: _____

Area below to be completed by Current or Former Employer

Please check one for each question. How would you rate my:

| | | | | | | | | |
|---------------------------|-----------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|
| Quality of work? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Quantity of work? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Overall job performance? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Working as a team player? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Attendance & Punctuality? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Initiative/motivation? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |

Why did I leave your employment? _____

Would you rehire me? _____ Why or why not? _____

Do you have any other additional comments regarding my suitability for employment? _____

Name of person supplying information: _____

Title and relationship to candidate: _____

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Applicant's Signature: _____ Date: _____

Area below to be completed by Current or Former Employer

Please check one for each question. How would you rate my:

| | | | | | | | | |
|---------------------------|-----------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|
| Quality of work? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Quantity of work? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Overall job performance? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Working as a team player? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Attendance & Punctuality? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Initiative/motivation? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |

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Applicant's Signature: _____ Date: _____

Area below to be completed by Current or Former Employer

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| | | | | | | | | |
|---------------------------|-----------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|
| Quality of work? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Quantity of work? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Overall job performance? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Working as a team player? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Attendance & Punctuality? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| Initiative/motivation? | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |

Why did I leave your employment?

Would you rehire me? _____ Why or why not? _____

Do you have any other additional comments regarding my suitability for employment? _____

Name of person supplying information: _____

Title and relationship to candidate: _____

Background Check Authorization

List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

Important information about answering self-disclosure questions: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID

| | | |
|--------|---------|-------|
| FIRST: | MIDDLE: | LAST: |
|--------|---------|-------|

REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

Section 3. Question 11A. If you check **YES**, you must enter the crime name, degree (if any), state, conviction date, and crime information.

| | | | |
|---------------|-----------------|-------|------------------------------|
| 1. CRIME NAME | DEGREE (IF ANY) | STATE | CONVICTION DATE (MM/DD/YYYY) |
|---------------|-----------------|-------|------------------------------|

Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

| | | | |
|---------------|-----------------|-------|------------------------------|
| 2. CRIME NAME | DEGREE (IF ANY) | STATE | CONVICTION DATE (MM/DD/YYYY) |
|---------------|-----------------|-------|------------------------------|

Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

| | | | |
|---------------|-----------------|-------|------------------------------|
| 3. CRIME NAME | DEGREE (IF ANY) | STATE | CONVICTION DATE (MM/DD/YYYY) |
|---------------|-----------------|-------|------------------------------|

Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

Section 4. Question 11B. If you check **YES**, you must enter the PENDING charge name, degree (if any), state, and crime information.

| | | |
|---------------|-----------------|-------|
| 1. CRIME NAME | DEGREE (IF ANY) | STATE |
|---------------|-----------------|-------|

Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

| | | | |
|---------------|-----------------|-------|------------------------------|
| 2. CRIME NAME | DEGREE (IF ANY) | STATE | CONVICTION DATE (MM/DD/YYYY) |
|---------------|-----------------|-------|------------------------------|

Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

Instructions for Completing the Background Check Authorization form, DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

Important: The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

This form is to be completed by the applicant, the person whose background DSHS is checking.

| BOX NO. | INSTRUCTIONS |
|---|--|
| 1 | Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write N/A in each field that you do not have a name to enter. |
| 2 | Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter N/A in the appropriate box. Do not leave any of the boxes blank. |
| 3 | Print your date of birth listing the month, day, and year (MM/DD/YYYY). |
| 4 | 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. |
| 5 | By providing your email address and checking the consent box, you are giving BCCU consent to send you confidential and sensitive background check information, including a fingerprint rap sheet (if applicable). BCCU will not mail or email when no background information is found (No Record). Contact BCCU if you have questions. |
| 6 | You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check. |
| 7A | Print your Driver's License or state-issued ID number. |
| 7B | The state where your Driver's License or ID was issued. |
| 8 | If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer NO . If you have lived in any state or country other than Washington State within the last three years (36 months), answer YES . |
| 9 | Print your mailing address where BCCU can send you confidential information such as a copy of your background check results. |
| 10 | Print your street address if it is different than your mailing address. If your street address and mailing address are the same, enter SAME . |
| 11A | You must check YES or NO . If you check YES , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above. |
| 11B | You must check YES or NO . If you check YES , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above. |
| 12 – 14 | Read each question carefully before answering. You must check YES or NO . Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties. |
| 15 | Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you. |
| 16 | Enter the month / day / year (MM/DD/YYYY) you signed Box 15. |
| <p>Important Information about Answering Self-Disclosure Questions (11A-14): Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.</p> <p>Questions about the Background Check Process: Contact the Background Check Central Unit (BCCU) by email bccuinquiry@dshs.wa.gov or phone at 360-902-0299.</p> | |