INSTALLATION MANAGEMENT COMMAND (IMCOM)
BACKGROUND CHECK REQUEST (BCR) FORM

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 34 USC 20351 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05, Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

DISCLOSURES: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

Clear Form

SECTION I- APPLICANT PROVIDED INFORMATION

SSN:	Prefix or Rank:	Last Name:	First Name:	Middle Name:	Maiden Name:
Postfix or Suffix:	Date of Birth:	Birth Country:	Birth State:	Birth City:	
Primary Email:	Secondary Email:	Primary Phone:	Secondary Phone:		
Current Street Address:	Current City:	Current State:	Current Country:	Current Zip Code:	

SECTION II- REQUEST TYPE

Personnel Category:	IHCP-Respite Care	Request Type:	Initial	Position Nexus:	N/A	Anticipated Start Date:	
Functional Area	ACS	Special Focus Program:	ACS- EFMP RESPITE	Employment Location:		Employment Position:	Respite Care Provider

SECTION III- REQUESTING OFFICE INFORMATION (Requesters cannot submit BCR for themselves or supervisory chain of command)

Requester Name:		Requester Telephone:		Requester Email:	
Alternate Name:		Alternate Telephone:		Alternate Email:	
Garrison:		Installation:		Directorate/Organization:	DFMWR/ACS/EFMP

SECTION IV- TRANSFER SECTION (must be completed when transfer is selected)

Approximate Year Background Check Completed:		Completed by:	Select one	Name of Losing Garrison/Installation:	POC Email:

SECTION V- VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed :	Date hard copy mailed (when LIVESCAN is down):	Method of delivery:	Tracking number:

SECTION VI- CENTRALIZED CONTRACT (only required for Contract Companies that submit fingerprints)

Date fingerprint completed :	Date hard copy mailed:	Method of delivery:	Tracking number:

SECTION VII- FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

All household members ages 12 and up must be listed on this form, even if they are not due for a CSBC re-verification. For each person listed below requiring initial or re-verification, refer to IMCOM Worksheet 30A for required documents.

Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:

Remarks Section- Please note any special requests (i.e. Additional "supervisors" for PSIP requests, additional POCs, or information to assist with the processing of the BCR)

Name and signature of Functional Manager:		Date Submitted:	
CDE Received (Name and Signature):		Date Received:	