

FMgr Background Check Request (BCR) Checklist

Initial Requests-



Military

Contractors (Regular Recurring)

Volunteers, Contractors (Short Duration), "Other" Personnel Categories

Applicant's Name

Garrison Name

Functional Manager

Submit the following documents to your CDE Office in the following order via encrypted e-mail:

REQUIRED FOR ALL

- IMCOM Worksheet 30A (18 Mar21 v1)
- IMCOM Form 30 (v3 Nov20)
- DD Form 2981 (v Oct18)
- DA Form 5018-R (CSSC template dtd March 2018 HQDA ASAP Child/Youth Svcs Suitability Prog)

**MILITARY
Additional
Requirements**

- Summary of Child Services Duties
- IMCOM 29 - Residency Information Worksheet (v22 Feb21)

**CONTRACTORS
(Regular/Recurring)
Additional
Requirements**

- Position Description
- Resume/Application
- Reference Check(s)- Only submit if reference is derogatory
- Proof of Citizenship Documents (refer to attached IMCOM 31 v1Dec20)
- OF 306 (October 2011 or rev. 2016 version) (valid w/in 1 year of signature date)
- IMCOM 29 - Residency Information Worksheet (v22 Feb21)

**VOLUNTEERS,
CONTRACTORS
(Short Duration) and
"OTHER" PERSONNEL
CATEGORIES
Additional
Requirements**

- Position Description
- Resume/Application
- Reference Check(s)- Only submit if reference is derogatory
- IMCOM 28L - Fingerprint Information Worksheet (v1 Mar 21)

**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 - REQUEST TYPE

Personnel Category: Volunteer (Specified Volunteer)	Request Type: <input checked="" type="checkbox"/> New	<input type="checkbox"/> Reverification	<input type="checkbox"/> Transfer
Fiduciary Responsibility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driving Responsibility: <input type="checkbox"/> Xdr <input checked="" type="checkbox"/> No	Anticipated Start Date: _____	

SECTION II - REQUESTING OFFICE INFORMATION

Garrison: Fort Lee, VA	Installation: Fort Lee, VA	Directorate/Organization: RSO
Requester Name: Jonathan Yost	Requester Telephone: 804-734-6483	Requester E-mail: jonathan.w.yost.civ@mail.mil

SECTION III - SUBJECT'S INFORMATION

SSN: _____	Prefix/Rank: _____	Last Name: _____	First Name: _____	Middle Name: _____	Maiden Name: _____
Postfix/Suffix: _____	Birth Date MM/DD/YYYY: _____	Birth Country: _____	Birth State: _____	Birth City: _____	
Citizenship Docs: (personnel req. INV) _____	Primary E-mail: _____		Secondary E-mail: _____		
Primary Phone: _____		Secondary Phone: _____			
Current Street Address: _____	Current City: _____	Current State: _____	Current Zip Code: _____	Current Country: _____	
Functional Program: _____	Employment Location: _____	Employment Position: _____			

COMPLETE THIS SECTION ONLY IF THIS IS A TRANSFER FILE

Approximate Year Background Check Completed: _____	Completed by (check one): <input type="checkbox"/> CDE <input type="checkbox"/> CPAC	Name of Losing Garrison/Installation: _____
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ONLY COMPLETE THIS SECTION FOR VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed (MM/DD) : _____	Date hard copy mailed (when LIVESCAN is down): _____	Method of delivery: _____	Tracking number: _____
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SECTION IV - FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

For each person listed below requiring initial check or reverification of checks, refer to the IMCOM Worksheet 30A for required documents.
List additional Family Members on a separate sheet of paper and include Category, Name, SSN, DOB and POB

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: _____

SECTION V - ONLY COMPLETE IF CENTRALIZED CONTRACT

Contractor/POC for PSIP purposes: _____	E-mail: _____
Remarks Section (Please note any special requests): _____ _____	
Name and signature of Functional Manager: _____	Date Submitted: _____
CDE Received (Name and Signature): _____	Date Received: _____

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, _____, this _____ day of _____, 2021,
(client's full name)

do hereby voluntarily consent to the release of the following information by HQDA ASAP
(name of installation ADAPCP)
 pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
 alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Svcs Suitability Prog

_____ for the purpose of completing a background check requirement in accordance with
Department of Defense Instruction 1402.05 and Army Directive 2014-23.

_____ namely,

*** see above***

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCAION

(Check applicable paragraph)

1. I understand that this consent automatically expires when the above disclosure action has been taken in
 reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at
 any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. I understand that this consent automatically expires 60 days from today's date or when my present
 criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my
 participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective
 termination or revocation of my release from such confinement, probation, or parole.

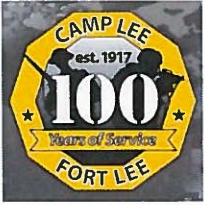
SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <small>(Type or print)</small>	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

*NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program
 Physician or the Clinical Director.*

In my judgment, the release of an evaluation of the present or past status of _____
(client's name)
 in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE <small>(Type or print)</small>	DATE
SIGNATURE	



USAG-LEE, Religious Support Operations (RSO)
Volunteers Working with Minors
Initial Screening and Assessment Application



Privacy Act Statement
Data Required by the Privacy Act of 1974 (5 U.S.C. 552a) AUTHORITY: Army Directive 2014-23

PRINCIPAL PURPOSE: To be used to determine suitability as a volunteer working with children in this organization.

ROUTINE USES: Information gathered will be used to determine suitability as a volunteer working with children in this organization. The information will be used to provide an initial screening and assessment to determine if you will be accepted as a religious support volunteer.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Providing the following information is voluntary; however, failure to provide the requisite information may result in individual not being accepted as a volunteer.

Location: Chapel, Congregation or Program(s) location (AMR, HMR, MPC, WAAF, Soldiers)

Program(s): Chapel, Congregation, Program or Auxiliary applicant is interested in working with (Catholic, Protestant, Gospel, CWOC, PWOC, MOPS, Navigators, Family Night)

Name: Last First Middle Maiden Name
Date of Birth (MM/DD/YYYY) Country of Birth State of Birth City of Birth

Current Address: Street City Zip

Phone Number: Include Area Code and Time Zone, if known. Email:

Reference One

Name: Last First
Phone Number: Include Area Code and Time Zone, if known. Email:

Reference Two

Name: Last First
Phone Number: Include Area Code and Time Zone, if known. Email:

I acknowledge that I am required to undergo an initial screening, Installation Records Check (IRC), and FBI Fingerprint check, and possibly a Tier 1 with State Criminal History Repository Check (SCHR), when applicable, to be found suitable for working with minors at RSO activities prior to services being rendered.

If volunteering, I acknowledge that I am providing services on an unpaid basis.

Signature: Date:

To Be Completed by RSO Staff

IRC Tier 1 with SCHR

INTERVIEW CONDUCTED BY Date

Applicant determined to be: Suitable or NOT Suitable to work with children in RSO programs.