

**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.

SECTION I - REQUEST TYPE

| | | | | |
|----------------------------------|--|-------------------------|----------------|----------|
| Personnel Category: | Request Type: | New | Reverification | Transfer |
| Fiduciary Responsibility: Yes No | Driving Responsibility: <input checked="" type="checkbox"/> No | Anticipated Start Date: | | |

SECTION II - REQUESTING OFFICE INFORMATION

| | | |
|-----------------|----------------------|---------------------------|
| Garrison: | Installation: | Directorate/Organization: |
| Requester Name: | Requester Telephone: | Requester E-mail: |

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): CDE CPAC | Name of Losing Garrison/Installation: |
|--|---------------------------------------|---------------------------------------|

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: |
|--------------------------------------|--|---------------------|------------------|

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: |