

**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- 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:	Request Type:	Position Nexus:	Anticipated Start Date:
Functional Area	Special Focus Program:	Employment Location:	Employment Position:

**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:

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

Approximate Year Background Check Completed:	Completed by:	Name of Losing Garrison/Installation:	POC Email:
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**SECTION V- VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)**

Date fingerprint completed :	Date hard copy mailed (when LIVSCAN is down):	Method of delivery:	Tracking number:
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**SECTION VI- CENTRALIZED CONTRACT** (only required for Contract Companies that submit fingerprints)

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