# 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: |

## 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: |

**IMCOM FORM 30, 1 MAY 2022**                                              IMCOM LC v04 ES