Home Care Aide Application Process

Avoiding Pitfalls & Navigating the Details with Confidence

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Spanish:
Para solicitar este documento en otro formato, llame al 1-800-525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a doh.information@doh.wa.gov.

DOH 675-015 September 2025

Overview: Avoiding Certification Delays

Submitting a complete application helps move the **Home Care Aide certification process** along. Delays can be intensified when applications are missing information, are incomplete, or documents are omitted.

Tips on the following:

- **Application fields**
- **Required forms**
- **Fees and Scheduling**
- **Navigating Systems**

Application Fields

- Email Address
- Background Check OCA number

The importance of email

To help staff avoid delays when submitting the DOH application, remind them to:

- **Provide a valid, legible email** address.
- **Check their spam and junk folders** for important emails from DOH.
- **Consider adding their employer's email** to ensure they get important updates too.
- **Let DOH know right away** if they change their email address.

Understanding the OCA Number

Before applying for Home Care Aide certification, it's important to know what the **OCA number** is, why it's needed, and where to find it.

Having this information ready helps **avoid delays** and ensures a **smoother application process**.

What is an OCA Number?

- A **7-digit unique number** assigned to a background check inquiry. (Example: **7654321**)
- A **required field for the DOH application**
- Also called an **Inquiry ID -**"Inquiry ID/OCA". In most instances it will say both Inquiry ID/OCA, but sometimes, it will say one or the other. For example:

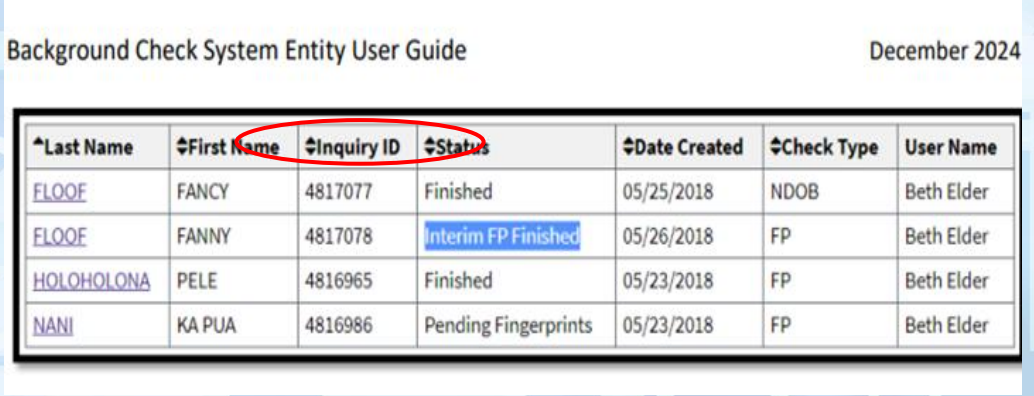
  This is a screenshot from the Background Check System (from the BCS Entity User Guide):

Background Check System Entity User Guide December 2024

Last Name	First Name	Inquiry ID	Status	Date Created	Check Type	User Name
FLOOF	FANCY	4817077	Finished	05/25/2018	NDOB	Beth Elder
FLOOF	FANNY	4817078	Interim FP Finished	05/26/2018	FP	Beth Elder
HOLOHOLONA	PELE	4816965	Finished	05/23/2018	FP	Beth Elder
NANI	KA PUA	4816986	Pending Fingerprints	05/23/2018	FP	Beth Elder

Where Can the OCA number be found?

- Can be found in the Grid in the Background Check System, right next to the applicant's name.
- It is printed on the **Fingerprint Appointment Form that you must provide to your staff** to bring to their fingerprint appointment.



Background Check System Entity User Guide December 2024

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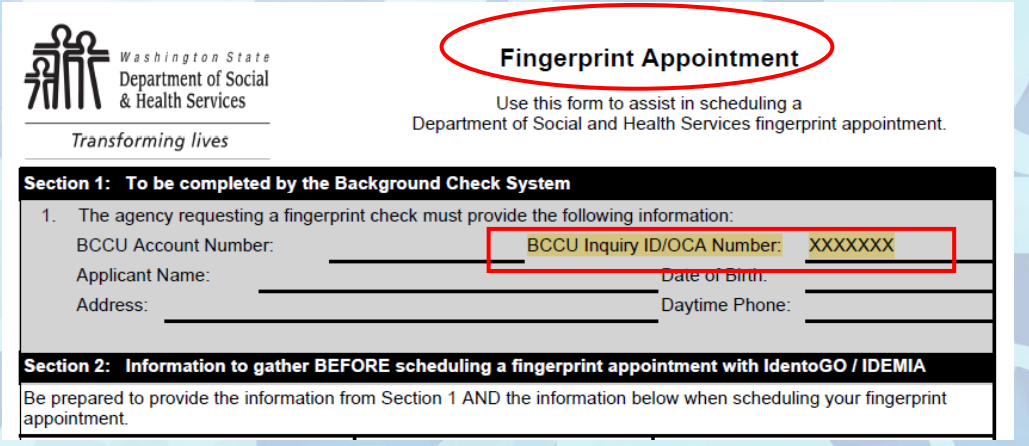

Washington State Department of Social & Health Services
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Fingerprint Appointment

Use this form to assist in scheduling a Department of Social and Health Services fingerprint appointment.

Section 1: To be completed by the Background Check System

1. The agency requesting a fingerprint check must provide the following information:

BCCU Account Number: BCCU Inquiry ID/OCA Number: XXXXXXX
Applicant Name: Date of Birth:
Address: Daytime Phone:

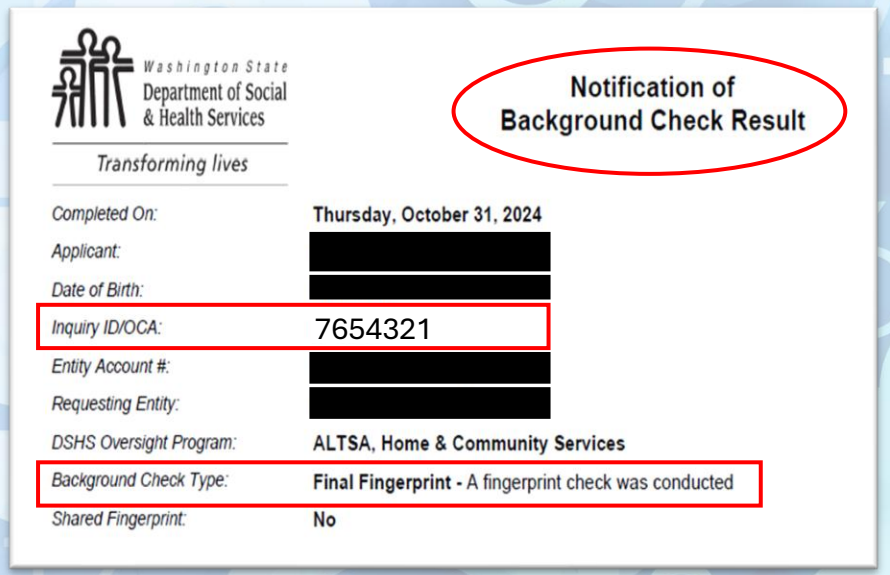
Section 2: Information to gather BEFORE scheduling a fingerprint appointment with IdentoGO / IDEMIA

Be prepared to provide the information from Section 1 AND the information below when scheduling your fingerprint appointment.

Where Can staff find the OCA number?

Also listed on the **Notification of Background Check Result letter.**

- **IMPORTANT:** staff only receives these result letters from BCCU in certain circumstances. Staff will rely on you, the employer, for their OCA number.
  - OCA numbers from the **Notification of Background Check Result** letter must be from a *Background Check Type* labeled **Interim Fingerprint** or **Final Fingerprint.**
  - An OCA number from a Background Check Type labeled **Name and Date of Birth is not valid for the DOH application** or to complete the fingerprinting process.



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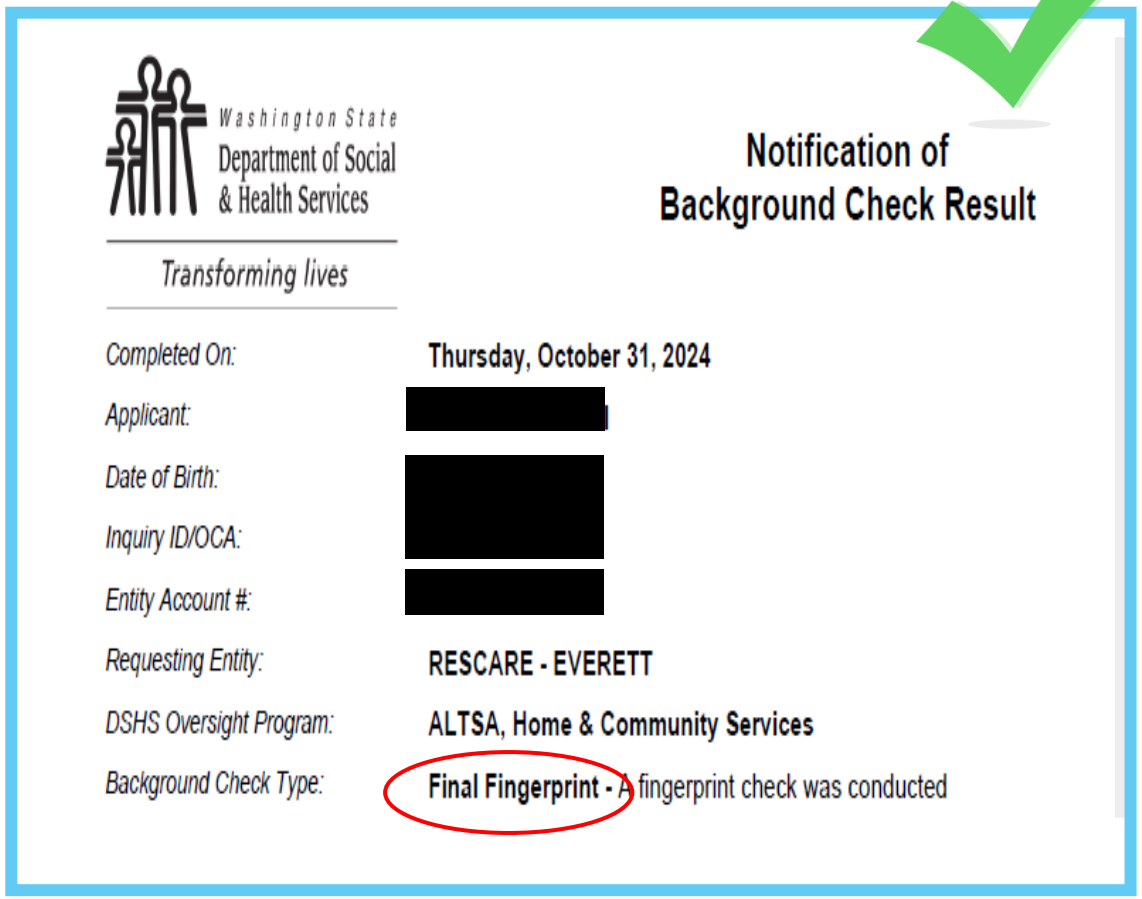
Notification of Background Check Result

Completed On:	**Thursday, October 31, 2024**
Applicant:	[redacted]
Date of Birth:	[redacted]
Inquiry ID/OCA:	7654321
Entity Account #:	[redacted]
Requesting Entity:	[redacted]
DSHS Oversight Program:	**ALTSA, Home & Community Services**
Background Check Type:	**Final Fingerprint** - A fingerprint check was conducted
Shared Fingerprint:	**No**

Valid OCA



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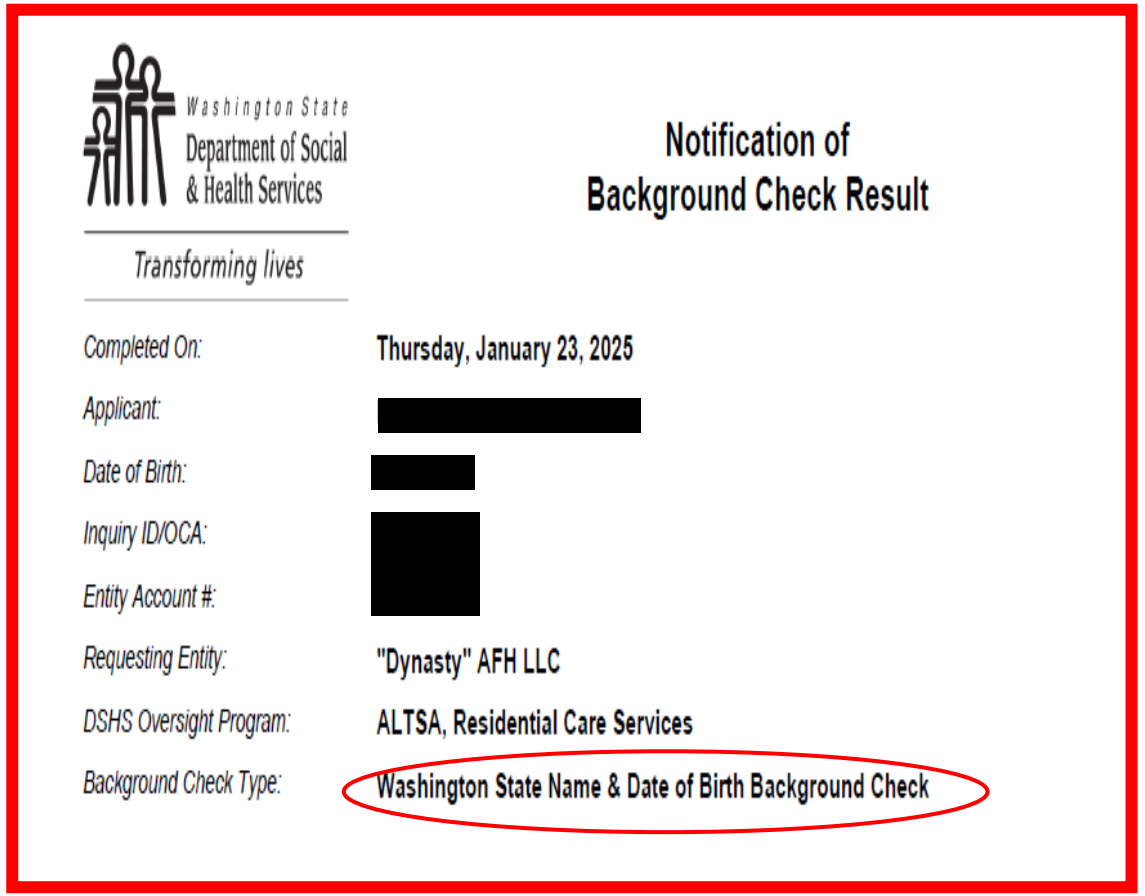
Notification of Background Check Result

Completed On:	**Thursday, October 31, 2024**
Applicant:	[redacted]
Date of Birth:	[redacted]
Inquiry ID/OCA:	[redacted]
Entity Account #:	[redacted]
Requesting Entity:	**RESCARE - EVERETT**
DSHS Oversight Program:	**ALTSA, Home & Community Services**
Background Check Type:	**Final Fingerprint -** A fingerprint check was conducted

Invalid OCA



Washington State Department of Social & Health Services

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Notification of Background Check Result

Completed On:	**Thursday, January 23, 2025**
Applicant:	[redacted]
Date of Birth:	[redacted]
Inquiry ID/OCA:	[redacted]
Entity Account #:	[redacted]
Requesting Entity:	**"Dynasty" AFH LLC**
DSHS Oversight Program:	**ALTSA, Residential Care Services**
Background Check Type:	**Washington State Name & Date of Birth Background Check**

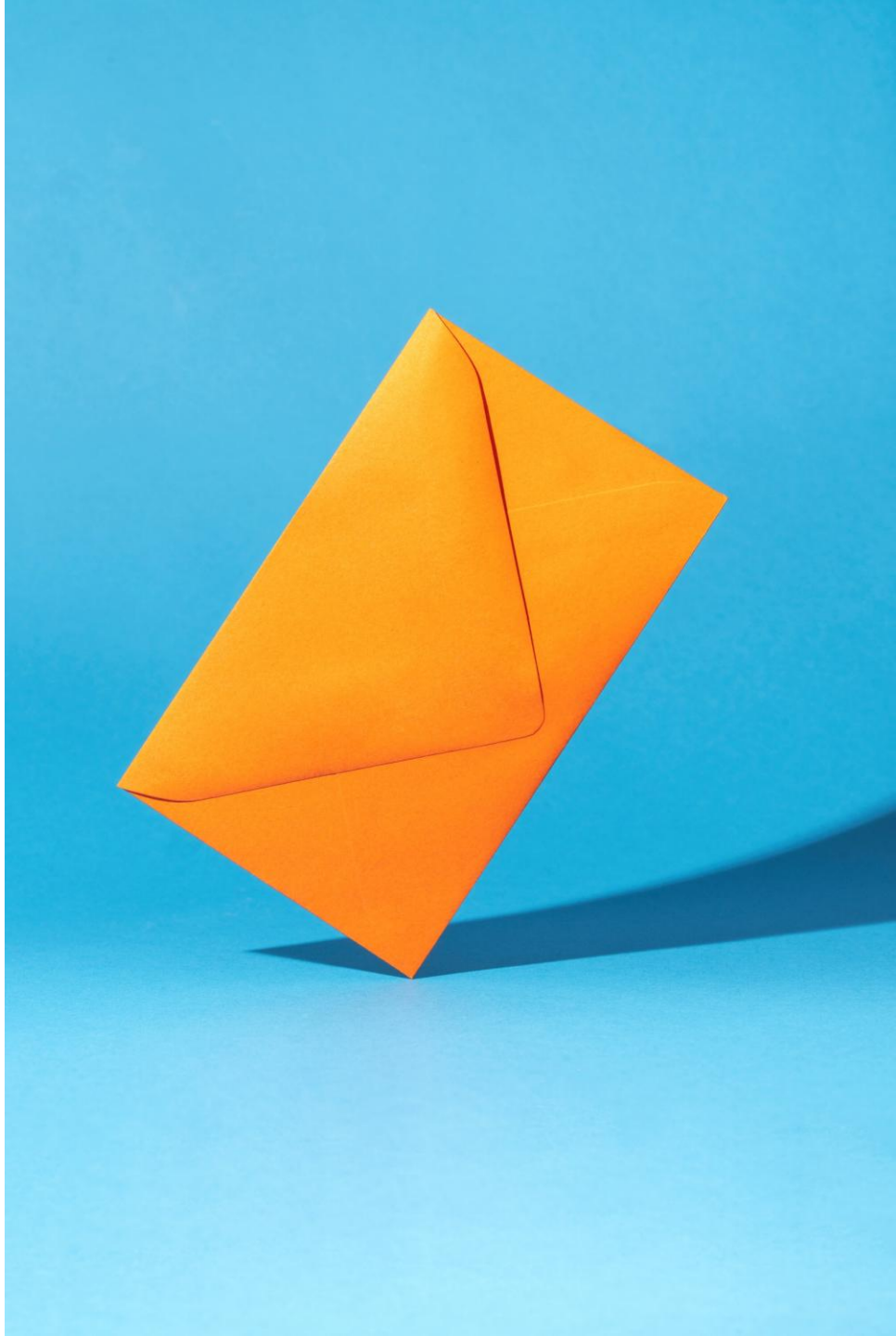
An OCA number from a Name and Date of Birth Background Check is **not valid** for the DOH application and using it will delay processing the application!

Make sure the OCA number says **“Interim Fingerprint or Final Fingerprint"** before using it.

Fixing OCA Number Errors

The DOH application cannot be processed until the correct OCA number is provided.

- **Instruct staff to check their email and look for a message from DOH!** DOH will send details if there's an issue with the OCA number.
- **They should follow the instructions in the email** to contact either:
  - **Their employer** to get the correct OCA number.
  - **Background Check Central Unit** at **360-902-0299**
- **Important:** BCCU **does not provide OCA numbers over the phone** but will email the correct number **directly to DOH**.
- **After requesting the update, encourage staff to contact DOH** to confirm they received the email from BCCU.



Background Check: Avoid Delays

REMIND YOUR STAFF :

- **To check their email regularly!** DOH may request additional documentation regarding a background check or health condition.
    - **Respond immediately** to avoid delays in credential processing.
    - If DOH requests court documents or written explanations, **submit them promptly** to the **Exception Unit**.
- A **criminal history does not automatically disqualify** certification, but missing documentation **keeps their credential in pending status**.
- **No response = No progress!** Certification **will not move forward** until all required documents are received and processed.

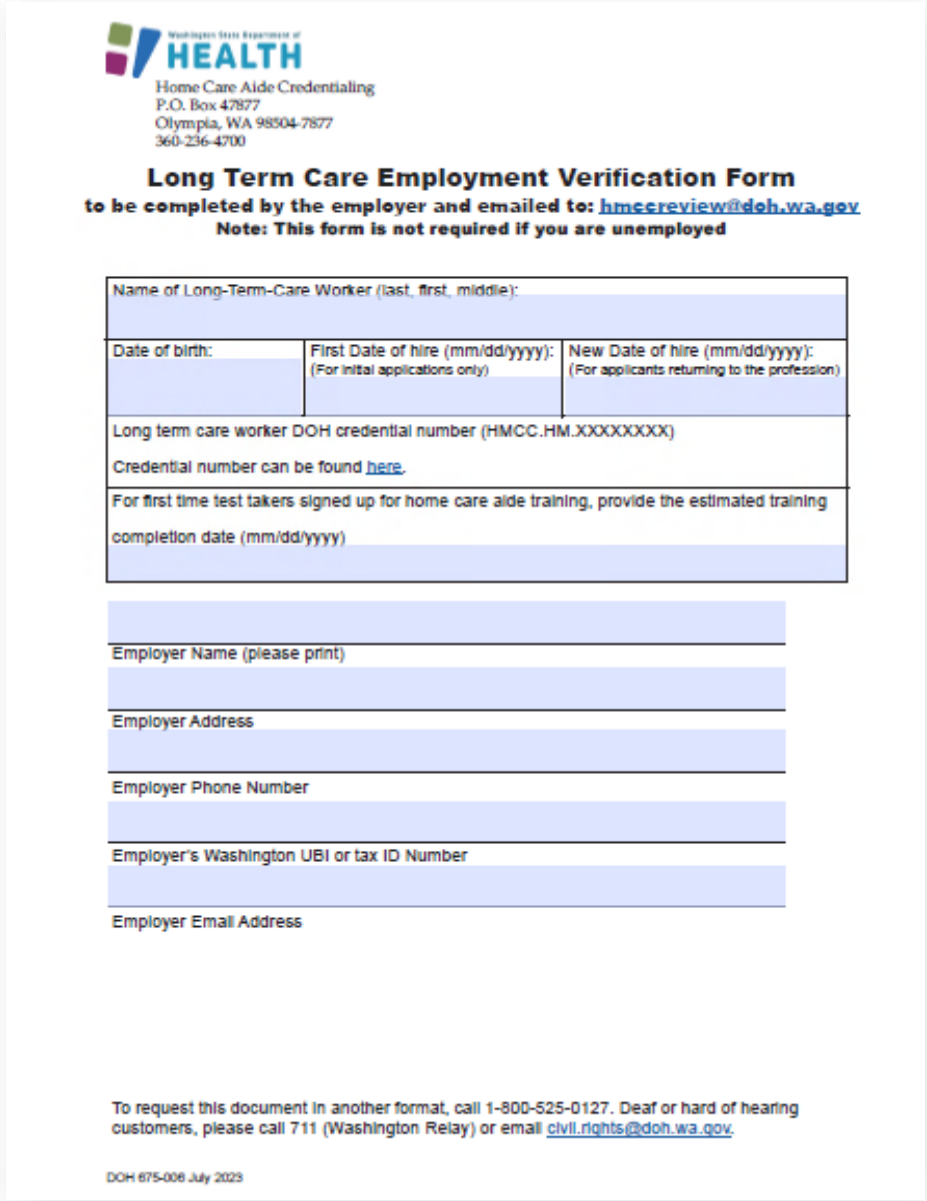
RCW 18.88B.060

Required Forms

- Long Term Care Employment Verification Form
- Declaration of No Social Security Number

Employment Verification Form

- **Submit a Long-Term Care Employment Verification Form** with the application to DOH. This helps prioritize processing based on the **date of hire deadline**.
- There is a **hire date section** on the initial application, if missed **call DOH** to provide the date over the phone.
- **Why is this important?** Applications with a **submitted hire date** get **priority** for certification processing.
- **If rehired**, the hire date **MUST** be updated with DOH to ensure proper certification processing.
- **Stay proactive!** Make sure your hire date is correct to **avoid delays** in certification.
- Common mistake, enter the name of your employer in the **Employer Name** field, rather than listing yourself.



HEALTH

Home Care Aide Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Long Term Care Employment Verification Form

to be completed by the employer and emailed to: hmccreview@doh.wa.gov

Note: This form is not required if you are unemployed

Name of Long-Term-Care Worker (last, first, middle):		
Date of birth:	First Date of hire (mm/dd/yyyy): (For initial applications only)	New Date of hire (mm/dd/yyyy): (For applicants returning to the profession)
Long term care worker DOH credential number (HMCC.HM.XXXXXXXX) Credential number can be found here.		
For first time test takers signed up for home care aide training, provide the estimated training completion date (mm/dd/yyyy)		

Employer Name (please print)

Employer Address

Employer Phone Number

Employer's Washington UBI or tax ID Number

Employer Email Address

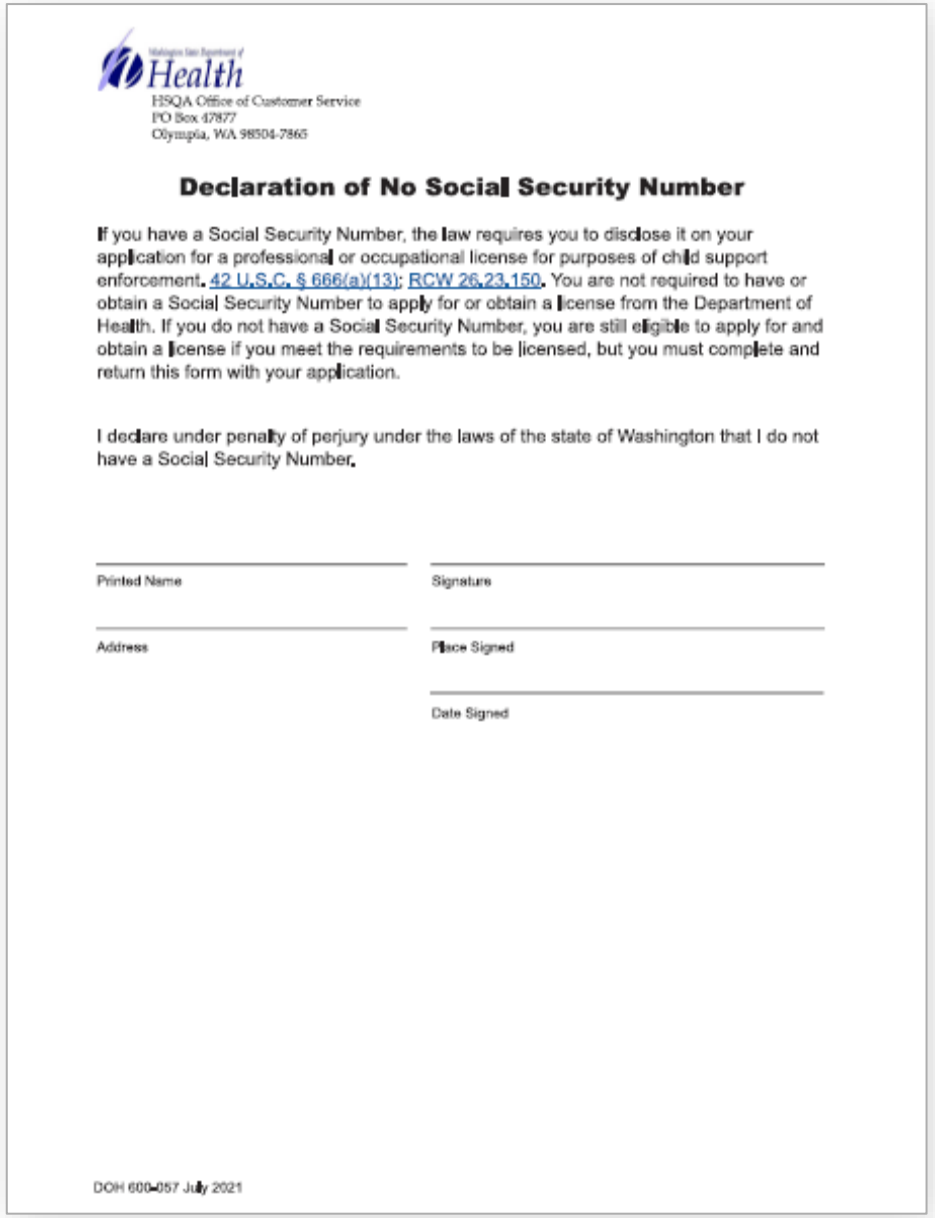
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 675-006 July 2023

Applying Without a Social Security Number

This is a REQUIRED FORM if you do not have a SSN.

- If an applicant has a **Social Security Number (SSN), it is required for the DOH application.**
- **If they don't have a SSN, this form is required and must be submitted with the initial application** to apply for a Home Care Aide license.
- **Failure to submit the form** will cause **processing delays** until the form is received or an SSN is provided.
- **DOH cannot accept SSNs over the phone**, all SSN-related documents must be submitted in writing.
- **Complete and submit the required form** with the application to **avoid delays** in certification.



Health

HSQA Office of Customer Service
PO Box 47877
Olympia, WA 98504-7865

Declaration of No Social Security Number

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license for purposes of child support enforcement. 42 U.S.C. § 666(a)(13); RCW 26.23.150. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a license if you meet the requirements to be licensed, but you must complete and return this form with your application.

I declare under penalty of perjury under the laws of the state of Washington that I do not have a Social Security Number.

Printed Name

Signature

Address

Place Signed

Date Signed

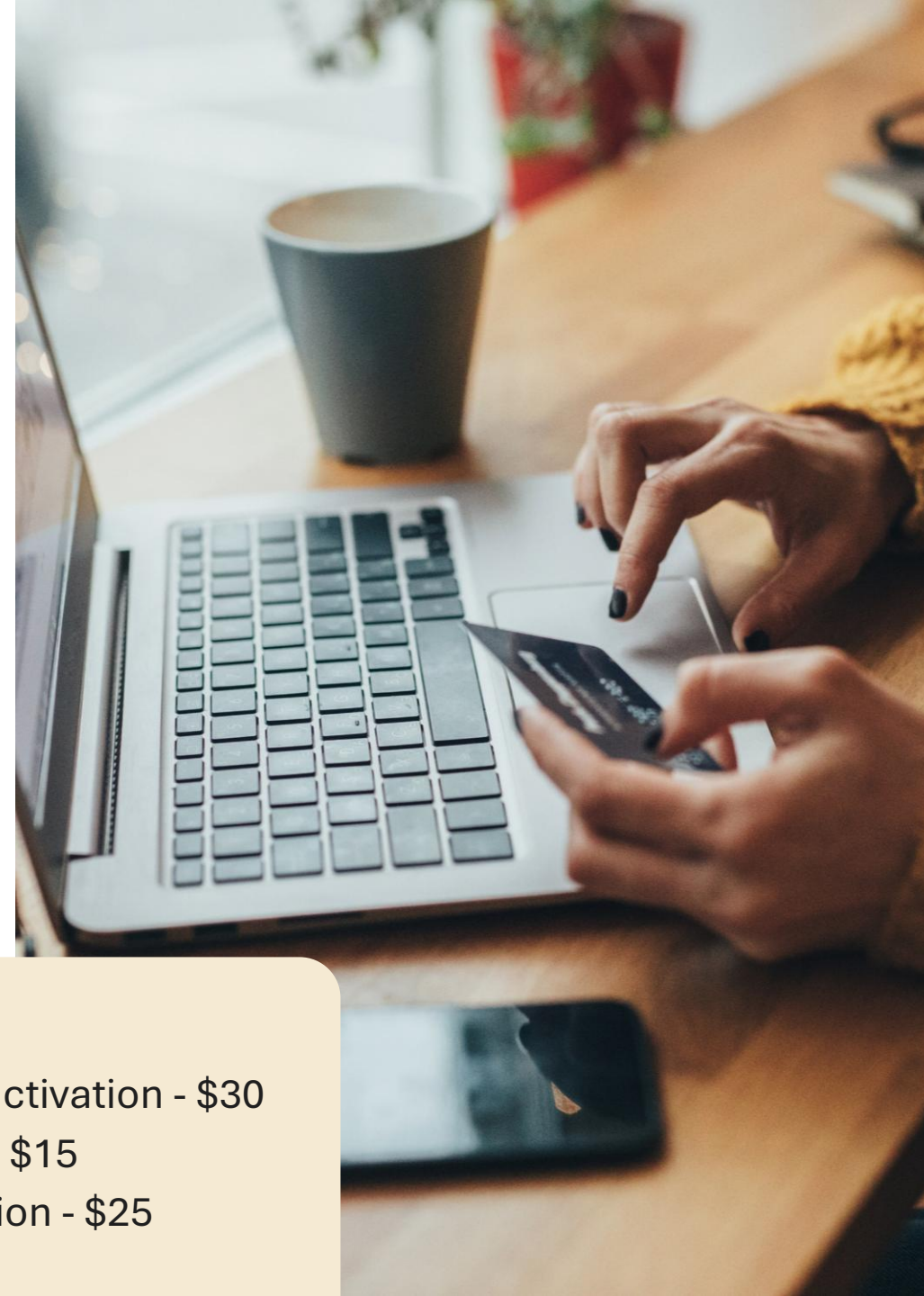
DOH 600-057 July 2021

Fees and Scheduling

- Application Fee
- Scheduling and Paying for the Exam

Application Fees

- If paying the application fee yourself, or your employer is covering the cost, **payment must be submitted with the application** to avoid delays.
- **Accepted payments:** Credit or debit card, or by employer/trainer provided voucher.
- **DOH cannot approve your exam** until the application fee is received.



Home Care Aide Certification Fees

- Application fee - $100
- Certification renewal fee - $100
- Late renewal penalty - $50
- Expired certification reactivation - $30
- Duplicate certification - $15
- Verification of certification - $25

When to schedule the exam?

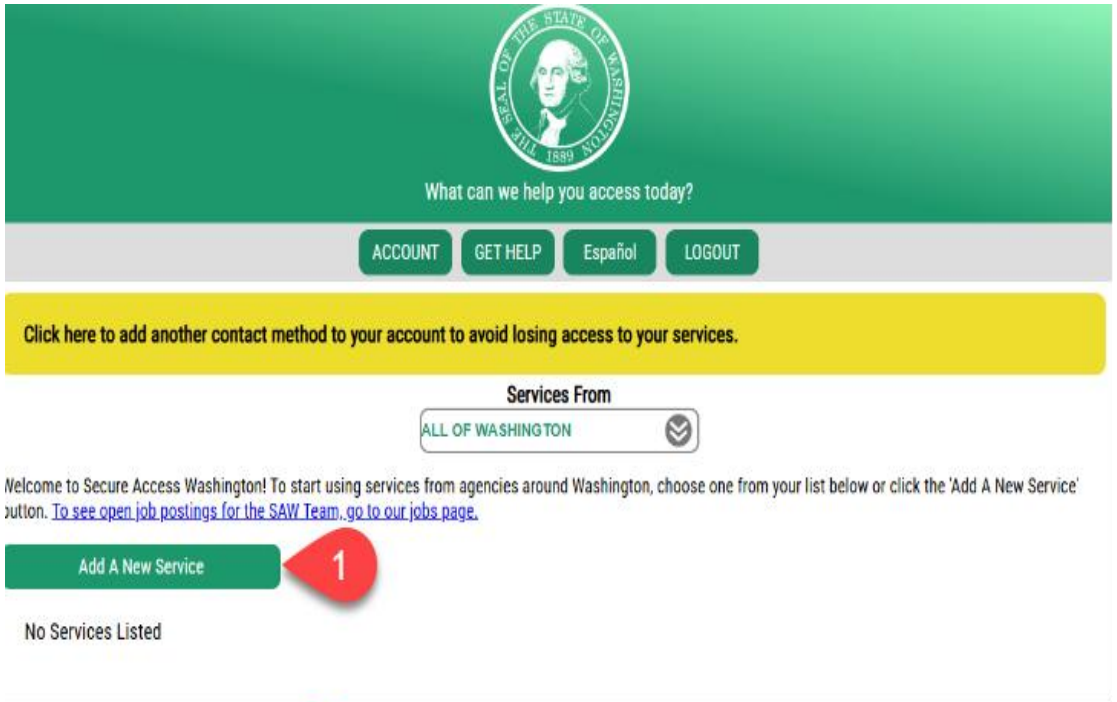
- After DOH processes their **application and payment**, they will get an email with **Prometric profile setup** instructions.
- Once their **profile is set up**, they should watch for an email from **SMT Notice** titled **"Washington Home Care Aide Certification Exam Application Update!“**
- **They should schedule exams immediately**, slots fill fast.
- Exam fees are paid directly to **Prometric** through the **Candidate Portal**.
- Didn’t get the email? **Check spam/junk** and contact **Prometric at 800-324-4689 or** wahca@prometric.com.
- **Need an interpreter or accommodations?** Schedule early to meet deadlines.

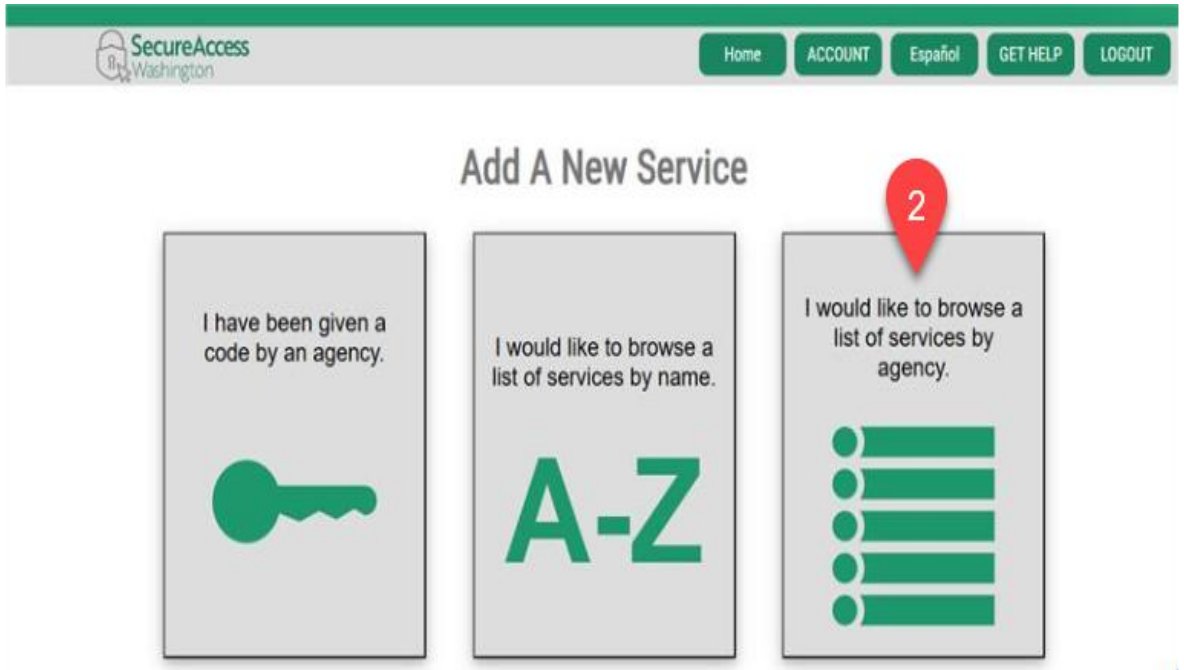
PROMETRIC

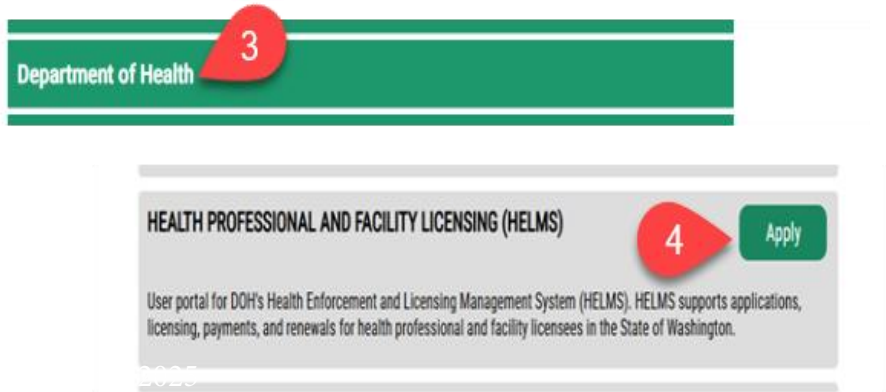
Navigating Systems

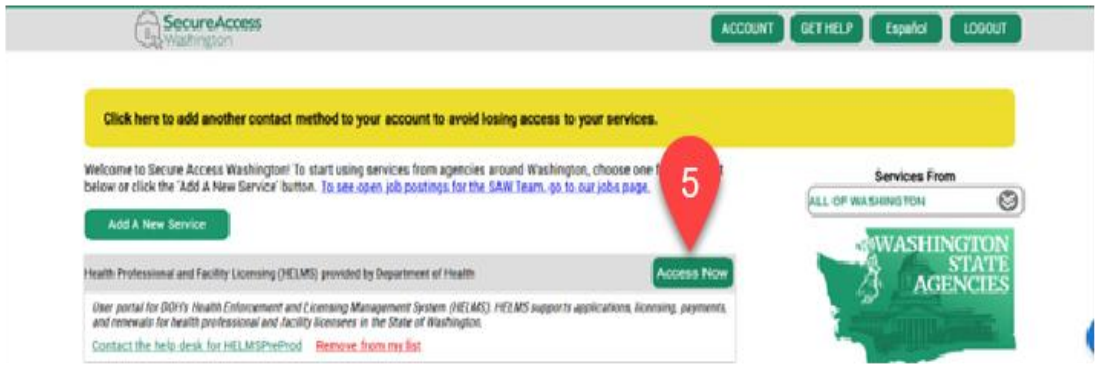
- Secure Access Washington (SAW)
- HELMS

Security Access Washington

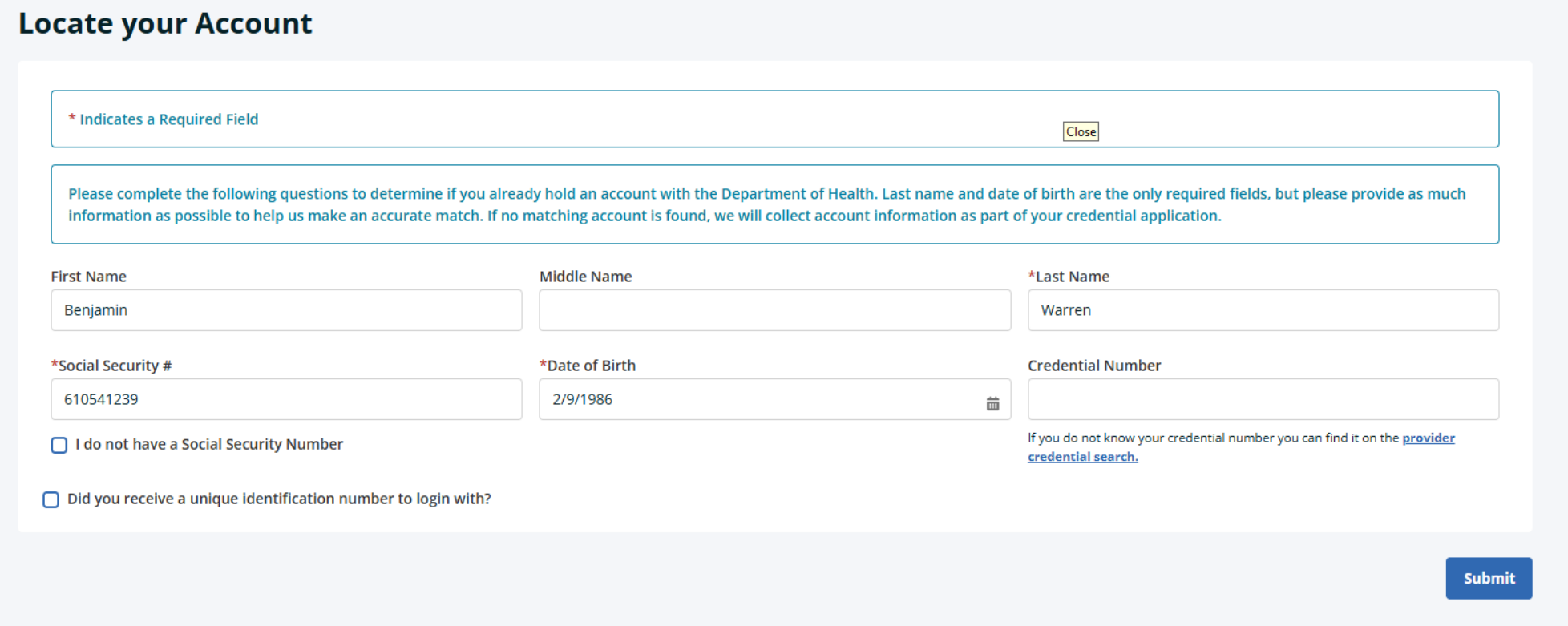






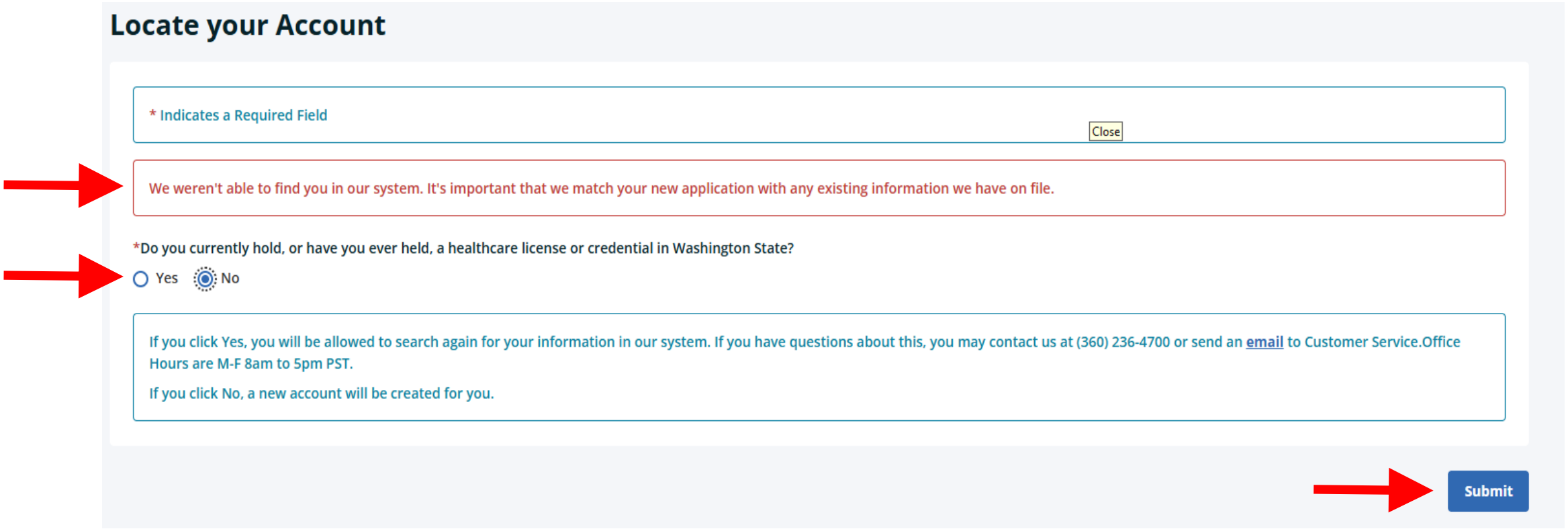


HELMS Profile



- **Privacy Agreement** (not displayed) – Select **'Continue'** to proceed.
- **Locate Your Account** – Enter all required information.
  - If **this is your first time applying in WA**, you **do not** need to enter a credential number.
- **Submit** – Review your details, then select **'Submit'** to complete the process.

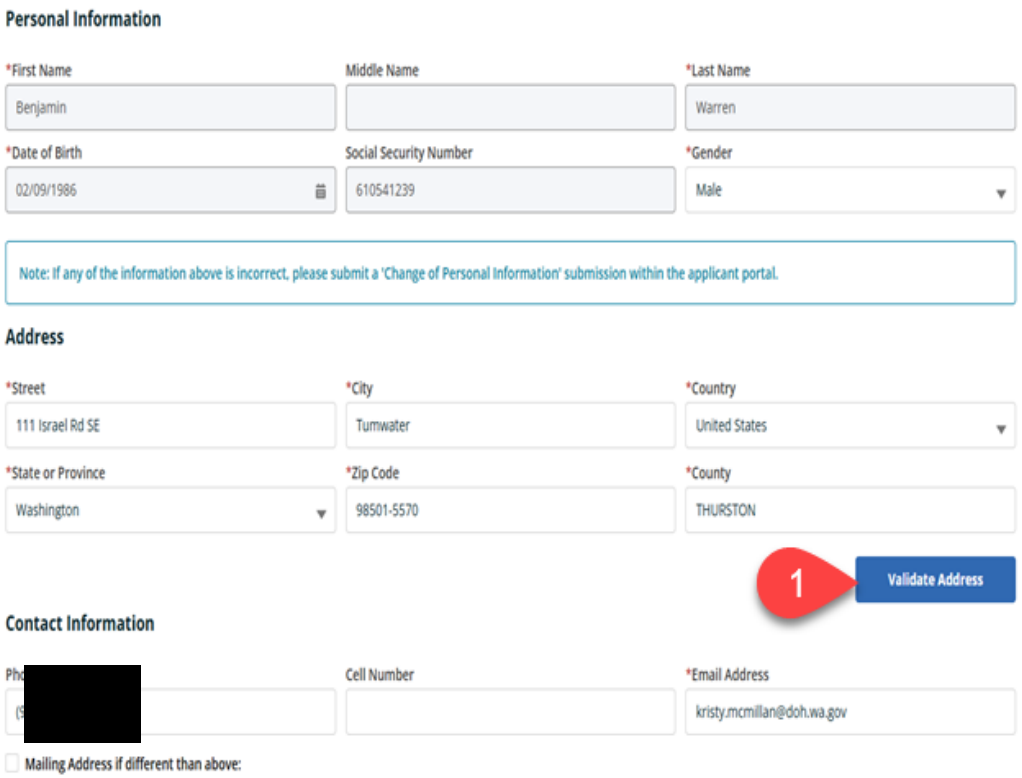
HELMS Profile

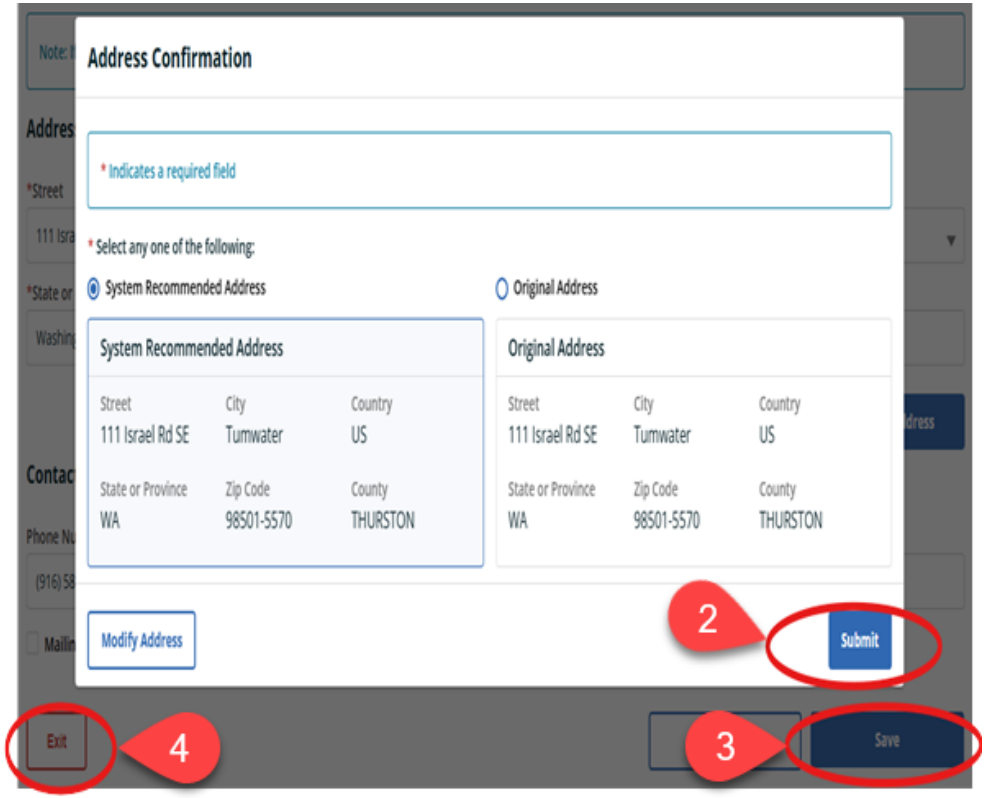


Locate your account error message: We were not able to find you in our system…

- Answer ‘Yes’ or ‘No’ if you have ever held a WA credential
- Select ‘Submit’

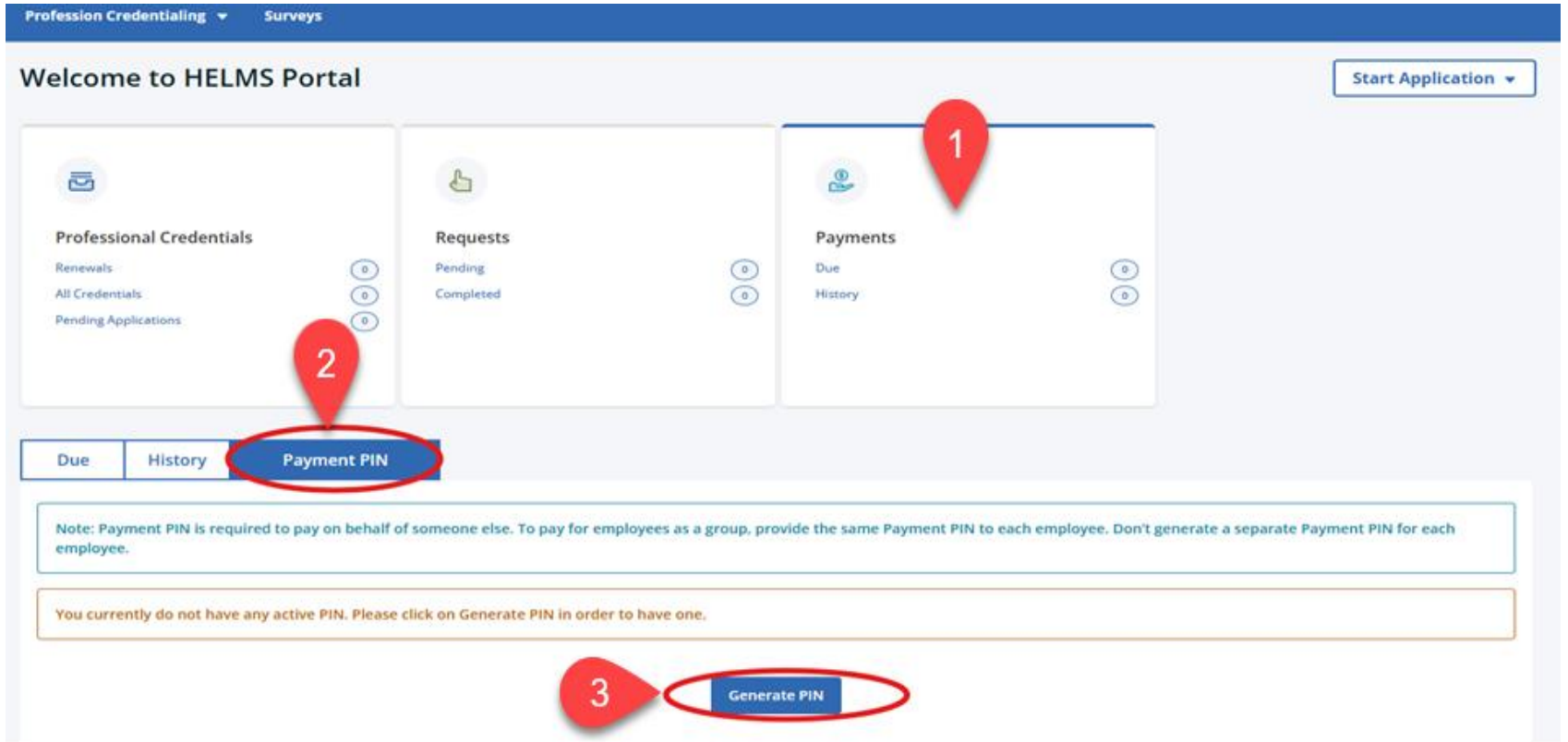
HELMS Profile





1. **Personal Information:** Re-enter the information and click on Validate Address button.
2. **Verify address** and click Submit.
3. **Save** once validated.
4. **Exit**

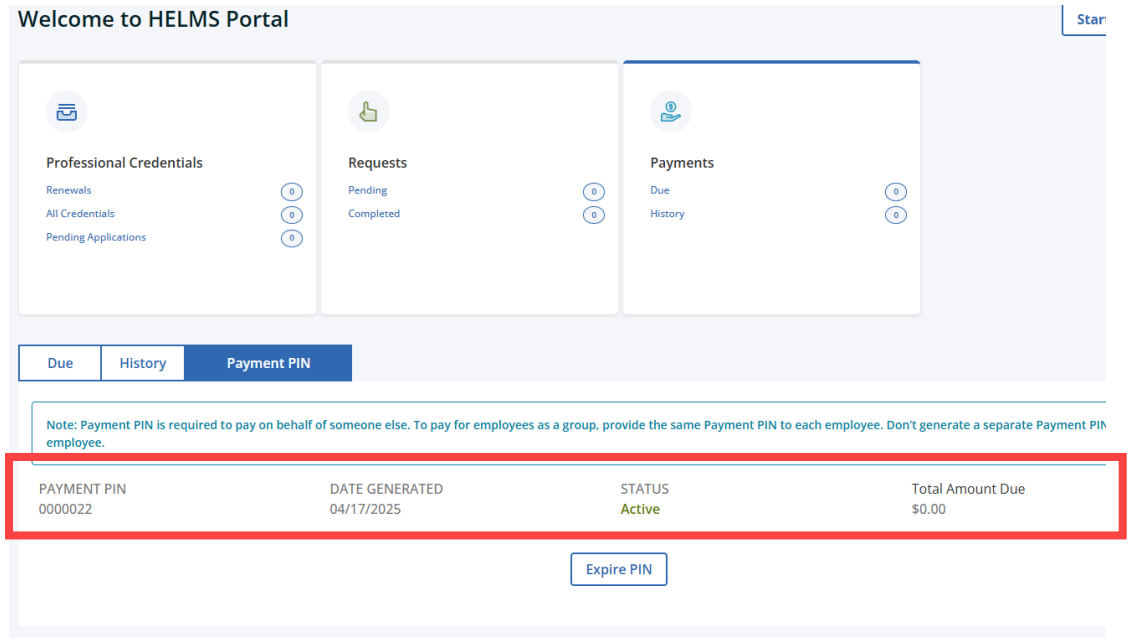
HELMS: Payor View Payments



The Payer and Payee both need their own SAW account with HELMS added as a service.

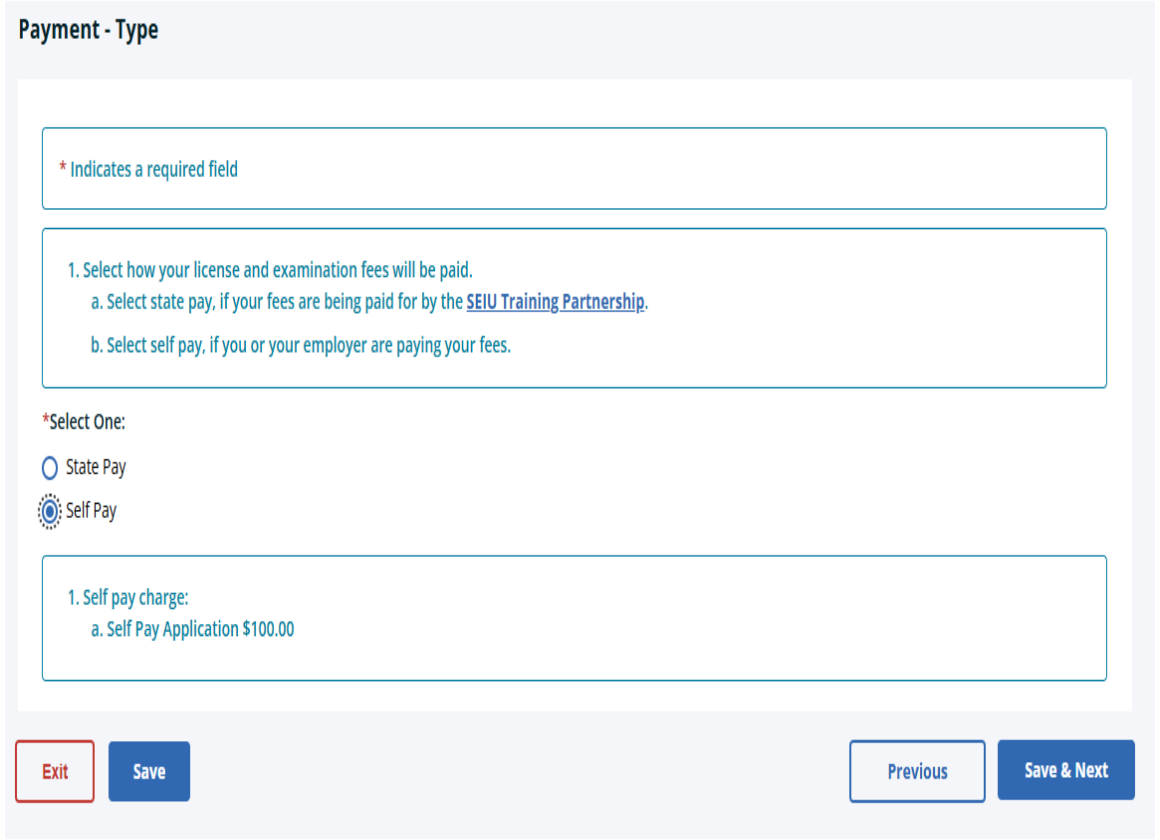
1. Select Payments Tab
2. Select Payment Pin
3. Generate PIN

HELMS: Pin Number

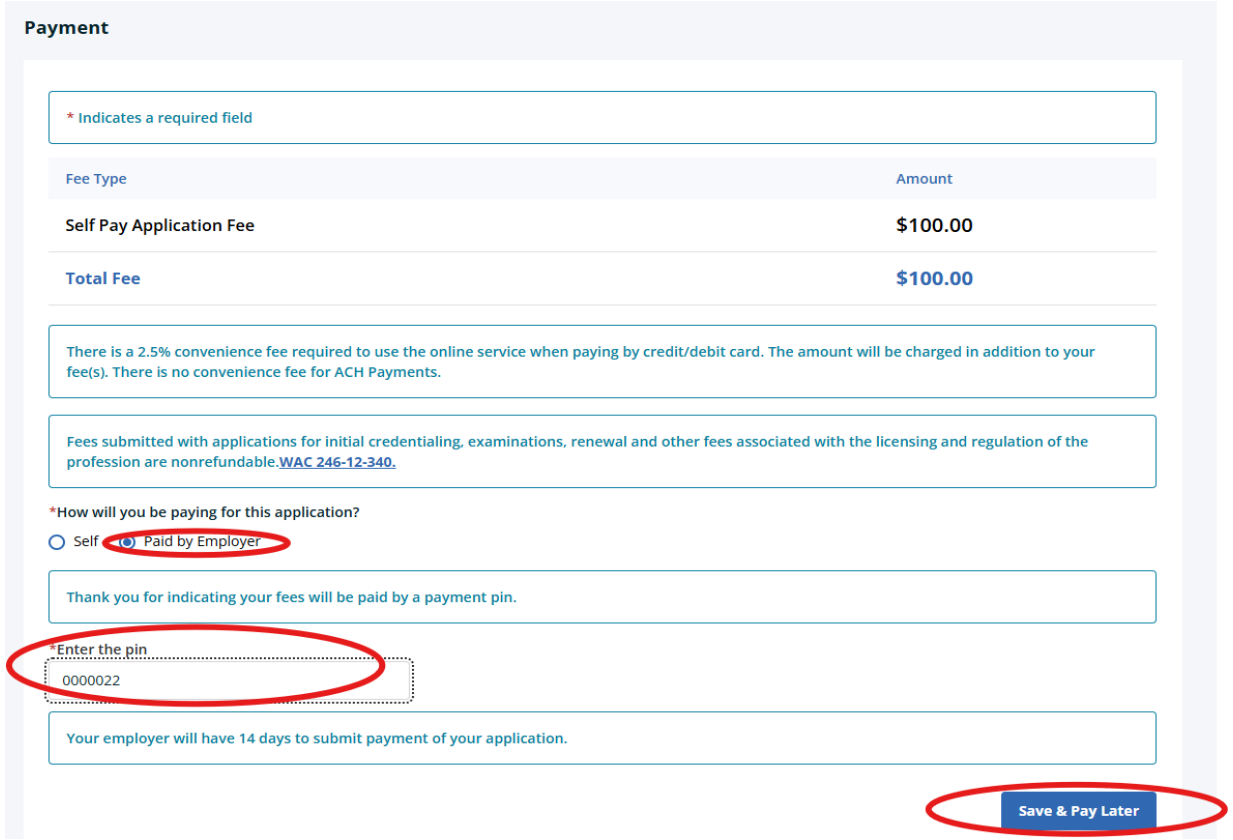


The PIN number can be shared with anyone authorized to make a payment.

HELMS: Applicant View Payment PIN

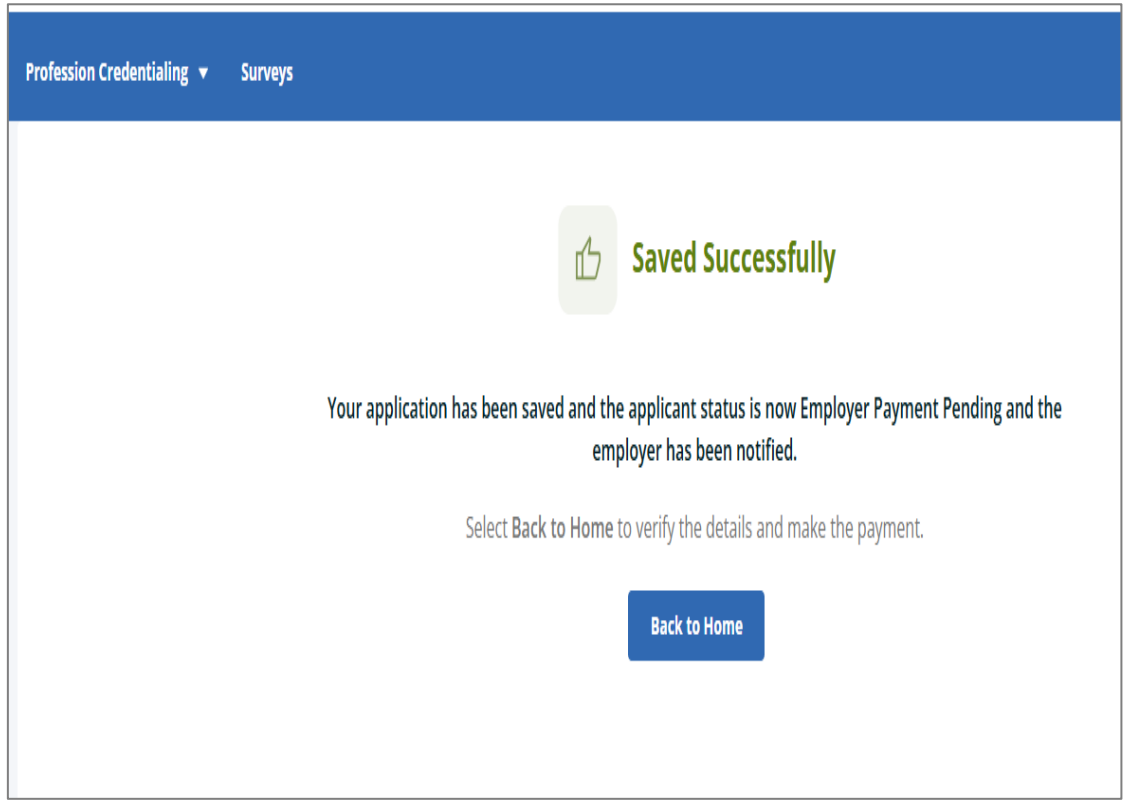


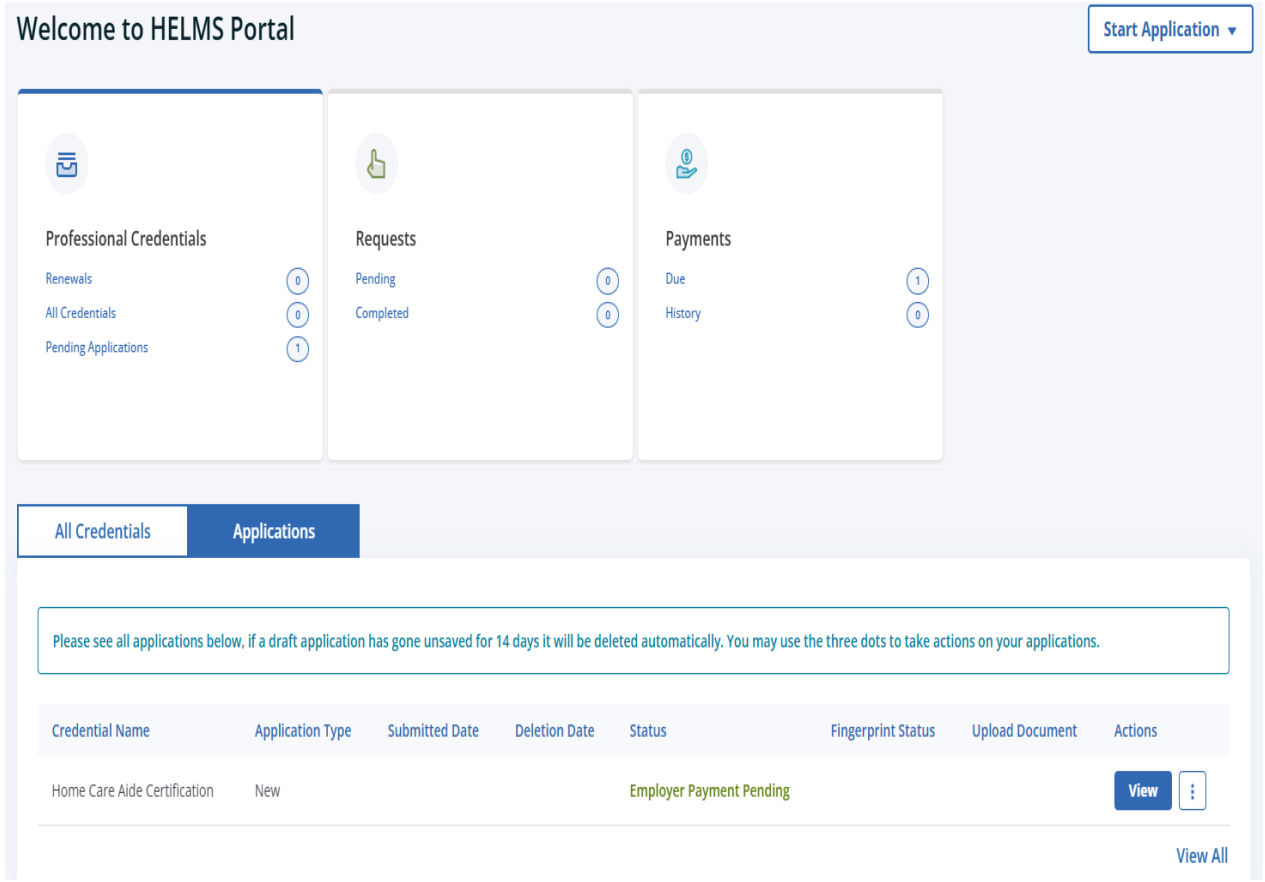
Home Care Aides can choose between State pay or Self pay. Employer-paid applications fall under Self pay.



On the payment screen the applicant will select “Paid by Employer”, enter the PIN (provided) and select “Save & Pay Later”

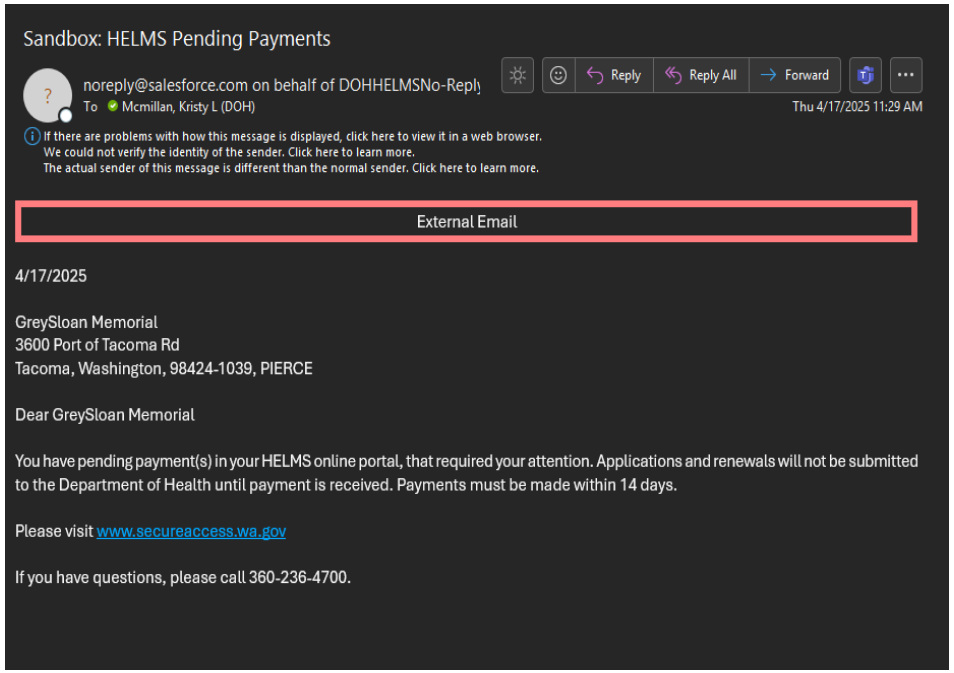
HELMS: Applicant View Payment PIN



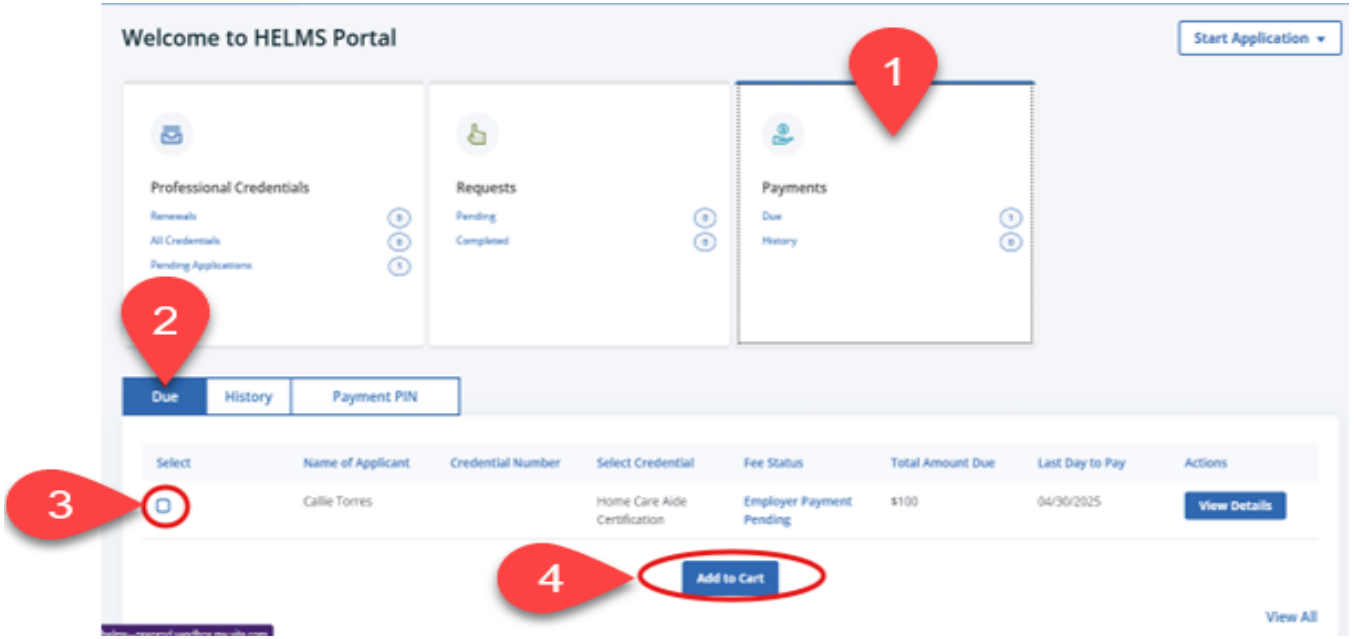


The applicant sees a pop-up and selects ‘Back to Home’ to return to their HELMS Portal page, where they can check their application status.

HELMS: Payment PIN



Example email of pending payment with required action.



Steps to resolve email.

Questions and Resources

- HELMS Portal Assistance
  360-236-4700 or **Hsqa.csc@doh.wa.gov**
- Application questions/Laws or Rules Questions
  360-236-2700 or **Homecareaide@doh.wa.gov**
- Prometric at **800-324-4689** or **wahca@prometric.com**
- Background Check Central Unit (BCCU)
  360-902-0299 or **Bccuinquiry@dshs.wa.gov;**
  - **BCCU website**
  - **Entity User Guide (12/2024) - Instructions on how to submit, review status, and retrieve background check results.**

Thank You

From your partners at

Washington State Department of HEALTH

DSHS WASHINGTON STATE Department of Social and Health Services

DOH 675-015 September 2025