

## DEPARTMENT OF SOCIAL SERVICES



April 24, 1980

ALL-COUNTY LETTER NO. 80-26

TO: ALL COUNTY WELFARE DIRECTORS  
Attention: Placement Supervisors  
CCL DISTRICT OFFICE MANAGERS  
LICENSING COUNTY WELFARE DEPARTMENTS  
Attention: Licensing Supervisors

SUBJECT: CERTIFICATION PROCESS FOR PLACEMENTS IN APPLICATION PENDING  
FOSTER FAMILY HOMES

REFERENCE:

POLICY:

It is the policy of the Department of Social Services that children receiving out-of-home care services (placement in either Foster Family Homes or Group Homes) be placed in facilities licensed pursuant to Health and Safety Code Section 1500. Exceptions to this policy are: 1) children placed in a home of a relative which is exempt from licensing requirements (California Administrative Code, Title 22, Division 6, Section 85079); 2) children placed in a specific foster family home or group home pursuant to an order of the juvenile court issued under Welfare and Institutions (W & I) Code, Section 362(1)(a) or (b), or 362.5(a) or (b), or 727(1)(a) or (b), 3) children placed by a licensed homefinding agency in a family home which has been issued a certificate of approval by that agency; and 4) placements made pursuant to Welfare and Institutions Code Sections 362(1)(c), 362.5(c) or 727(1)(c) where the court orders care, custody and control of a specific child placed with a social worker or probation officer and directs the probation officer or social worker to place the child in a suitable foster family home. These placements (item four) must meet the criteria set forth in Title 22, California Administrative Code (CAC), Section 85077 which includes a certification that the home meets licensing standards. The following steps detail the certification procedure that social workers must follow when making these placements.

When placements are made by social workers, pursuant to item four above, the placement worker must certify the home by using the procedure described below. This certification procedure is for a specific child and for a specific foster family home. It is not intended to authorize the foster family home to accept any other child in placement. Additionally, the exemption provided for by Section 85077 does not apply in circumstances where the child is non-ambulatory, as defined by Title 22, CAC, Section 85047.

If the licensing agency subsequently denies the license application, such denial shall constitute withdrawal of the certification and the child shall be removed immediately from the home. In addition, if at any time prior to the approval of the license application the child is removed from the home by the placement agency, such removal constitutes withdrawal of the certification. In this circumstance, appropriate notification shall be made to the licensing agency.

PROCEDURE:

The placement worker must determine the needs of each child requiring out-of-home care services and locate a licensed or exempt facility which meets each child's needs. If, for a specific child, the placement worker has documented the child's needs and documented that these needs cannot be met in any available licensed or exempt facility, then the following procedure should be used to certify a foster family home for the placement of the child pending licensure of the home.

1. The placement worker must determine the specific child's needs.
2. The placement worker must determine if any available licensed or exempt facility will meet the child's needs.
3. If there is no suitable licensed or exempt facility, then the placement worker must locate a family home which will meet the child's needs.
4. The placement worker must make an on-site evaluation of the unlicensed home which includes:
  - a) An assessment of the ability of the foster parent(s) to meet the specific needs of the child;
  - b) An assessment of the foster parents' ability and desire to participate in planning for the child;
  - c) Verification that the home has no safety defects which could pose a hazard to the child, such as:
    - 1) unfenced swimming pools;
    - 2) exposed electrical wiring;
    - 3) accumulation of combustible materials (gasoline, rags, etc.) so as to present a fire hazard; and
    - 4) medicines, disinfectants, cleaning solutions, poisons, firearms, or other dangerous weapons which are accessible to the child; and

- d) Verification that adequate physical accommodations exist for the entire foster family, such as:
    - 1) acceptable sleeping quarters (i.e., no one is forced to sleep in unfinished attics, hallways, or detached buildings, etc.); and
    - 2) adequate furnishings such as beds, dressers, etc., to meet the entire family's needs.
5. The Foster Family Home applicant(s) must file specific license application documents prior to and after the placement of the child.
- a) These documents consist of the following:
    - 1) Application for Community Care Facility License (LIC 200);
    - 2) Applicant Information (LIC 215 and 215A) - for both parents;
    - 3) Fingerprint Clearance Cards (BID 7 and LIC 101) for all adults residing in the home; and
    - 4) Budget Information (LIC 420) or a similar county licensing form containing the same information as in the LIC 420.
  - b) The placement worker is responsible for ensuring that all license application documents listed in (a) 1-4 above have been filed with the licensing agency prior to placement.
  - c) The placement worker is responsible for ensuring that the remaining foster home application documents have been completed by the foster parent within 60 days of placement. The placement worker must coordinate with the appropriate licensing agency to obtain these forms.
6. The placement worker must verify:
- a) That the specific license application documents required in item 5(a) have been filed with the licensing agency;
  - b) That the prospective foster parent(s) have not stated on the Applicant Information form(s) (LIC 215A) convictions for a crime other than a minor traffic violation. If convictions other than for a minor traffic violation are disclosed, THE HOME CANNOT BE CERTIFIED AND NO PLACEMENT CAN BE ALLOWED IN THE HOME. (The statement on the LIC 215A is made under penalty of perjury); and
  - c) That the foster parent agreement has been signed by the foster parents.

7. Prior to placement, the placement worker must:
  - a) Document in the child's case record compliance with items one and two above. This documentation shall include: (1) the specific need(s) which cannot be met and (2) the unsuitability of the available licensed Foster Family Homes.
  - b) Document in the child's case record compliance with items 4, 5, and 6 above;
  - c) Notify the licensing agency that a placement is to be made, when such placement will occur, and the estimated duration of the placement;
  - d) Provide the foster parents with a copy of the Foster Family Home regulations and notice that they must comply with these regulations; and
  - e) Obtain supervisorial approval of the placement and sign and forward the facility certification form (Attachment 1) to the foster parent with a copy in the placement file and a copy to the licensing agency.
8. Accompany the child to the foster family home at time of placement.
9. Visit the foster family home with both child and foster parent(s) present at least every two weeks until the home is licensed by the licensing agency.
10. If the license is subsequently denied, the licensing agency shall immediately send the notice of such denial to the foster family home applicant(s) with a copy to the placement worker. Simultaneously, a phone call relaying the decision to deny should be made to the placement worker. This action constitutes a withdrawal of the certification and the child should be removed from the home immediately.

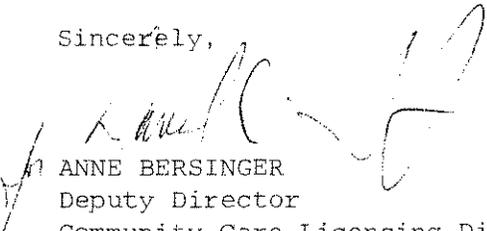
Attached is a sample of a Foster Family Home application package for your information (Attachment 2). If you have specific questions concerning the completion of the application documents or need additional copies of the material or the Foster Family Home regulations, please contact your local licensing agency.

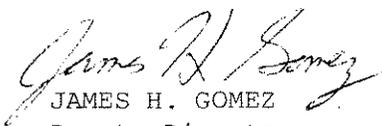
It is expected that the placement worker and the licensing worker shall share all relevant information concerning the child and the Foster Family Home in order to expedite the issuance of the license and resolve any pertinent issues

relative to the safety and welfare of the child placed. A chart recommending points at which information should be exchanged between licensing and placement is attached (Attachment 3).

If you have any questions about this process, please contact David Feinberg, Adult and Family Services Division, at (916) 322-6333 or Joyce Fukui, Community Care Licensing Division, at (916) 445-3284.

Sincerely,

  
ANNE BERSINGER  
Deputy Director  
Community Care Licensing Division

  
JAMES H. GOMEZ  
Deputy Director  
Adult and Family Services Division

cc: CWDA

Attachment

## CERTIFICATION OF FOSTER FAMILY HOME

The \_\_\_\_\_ home at \_\_\_\_\_  
(Name of applicant(s))

\_\_\_\_\_ is hereby certified to accept a specific  
(Address)

child in care pending disposition of the application for a Community Care license. The child is a placement made pursuant to Welfare and Institutions Code Sections 362(1)(c), 362.5(c) or 727(1)(c). The home has been evaluated and lacks any deficiencies which would pose risks to the child's health, safety or welfare.

This certification is issued only for a specific child. If the child is removed by the placement worker, such removal constitutes withdrawal of this certification.

If the foster family home license is denied, such denial also constitutes withdrawal of this certification.

\_\_\_\_\_  
Placement Worker's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Original to: Foster Family Home applicant(s)  
cc to: Licensing Agency & Placement Agency file

APPLICATION FOR COMMUNITY CARE FACILITY LICENSE

*Sample*

Reply to:

(See back for instructions)

FOR DEPARTMENT USE ONLY	
District: _____	Facility Number: _____
Date: _____	Action Type: _____
Reviewed by: _____	Facility Type: _____

1. APPLICANT(S) NAME

Mary and John Doe

2. CHECK OWNER TYPE:  A. INDIVIDUAL  B. PARTNERSHIP  C. NONPROFIT CORPORATION  
 D. PROFIT CORP.  E. COUNTY  F. OTHER PUBLIC AGENCY

3. APPLICANT ADDRESS: 1003 Cyprus Street  
 CITY: Roseville STATE: CA ZIP CODE: 95113 PHONE: 916-758-1100

4. FACILITY (OR AGENCY) NAME: Doe's Foster Home

5. FACILITY LOCATION: Same as applicant address  
 CITY: Same COUNTY: Placer ZIP CODE: Same SA. PHONE: Same

6. FACILITY MAILING ADDRESS (IF DIFFERENT): " " " "  
 CITY: " STATE: Same ZIP CODE: Same

7. PERSON IN CHARGE OF FACILITY: Mary and John Doe  
 TITLE: Foster Parents LICENSE NO. (IF APPLICABLE): N/A

8. TYPE OF APPLICATION:  A. NEW APPLICATION  B. CHANGE OF CAPACITY  C. CHANGE OF LOCATION  
 D. CHANGE OF SERVICES  E. CHANGE OF FACILITY TYPE  F. CHANGE OF OWNERSHIP  
 G. OTHER CHANGE, SPECIFY: EMERGENCY PLACEMENT

9. TYPE OF FACILITY (OR AGENCY): Foster Family Home

10. REQUESTED CAPACITY: One  
 11. AGE RANGE OF CLIENTS: 2 - 17  
 12. TIME OF OPERATION: 24 hours

13. LOCAL FIRE AUTHORITY: Roseville Fire District  
 ADDRESS: 123 Fire Lane, Roseville

14. WAS FACILITY PREVIOUSLY LICENSED?  YES  NO  
 IF YES, FACILITY NUMBER: \_\_\_\_\_ LICENSE AGENCY: N/A

15. IS MAJOR CONSTRUCTION REQUIRED?  YES  NO  
 DATE CONSTRUCTION TO BEGIN: \_\_\_\_\_ DATE TO BE COMPLETED: N/A  
 16. PROPERTY OWNERSHIP:  OWN  RENT  OTHER

17. OTHER CARE FACILITIES LICENSED BY OR OWNED BY APPLICANT:  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_  
 D. \_\_\_\_\_ E. \_\_\_\_\_ F. \_\_\_\_\_

18. I (we) accept responsibility to  
 A. Comply with local ordinances concerning zoning, sanitation, building and other appropriate ordinances.  
 B. Comply with the Labor Code on employment practices concerning non-discrimination, liability insurance, wages, hours, and working conditions.  
 C. Comply with Health and Safety Code and regulations concerning licensing and fire safety.  
 I (we) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge.  
 I (we) understand that I (we) have the right to appeal any decision regarding the disposition of this application.

Signed Mary Doe Title Foster Mother Date 1/20/80  
 Signed John Doe Title Foster Father Date 1/20/80  
 Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL SPACE

## INSTRUCTIONS FOR APPLICATION FOR FACILITY LICENSE

Type or print clearly. Prepare application in duplicate. Return original and maintain a copy for your records. Attach with the application a copy of forms and documents underlined below.

1. Applicant(s): Enter the legal person(s) or organization responsible for the facility. Enter full names. Individuals enter first, middle and last name. If joint applicants, both sign. Individuals, each partner, and principle officers of corporations must complete Applicant Information (LIC 215). Corporations and other organizations also complete Administrative Organization, (LIC 309).
2. Check owner type: Self-explanatory.
3. Applicant Address: Enter home address of individual and corporations. Major partner enter home address. Other partners enter home address on Applicant Information. Enter area code with telephone number.
4. Facility Name: Enter the name used to designate the single facility under application. If an agency, fill in the name of the agency which provides the services.
5. Facility Location: Enter the physical location of the facility. If facility is difficult to locate, add directions for reaching facility under Additional Space. If applicant has more than one facility, a separate application must be completed for each facility. Enter area code with telephone number.
6. Facility mailing address: Self-explanatory.
7. Person in charge of facility: Enter the name of person who will directly supervise the facility. If not yet employed enter "unknown".
8. Type of application: Self-explanatory.
9. Type of Facility: Enter the title used in law and regulations. If unknown, enter the name commonly used to identify such facilities.
10. Requested capacity: Enter the total number of persons for whom care will be provided in any 24 hour period.
11. Age Range: Enter age range of persons receiving care.
12. Time of operation: Enter hours and days of operation of facility.
13. Local Fire Authority: Enter agency to be contacted in case of fire.
14. Was Facility previously licensed?: Self-explanatory.
15. Is Facility to be constructed or require major building change?: Self-explanatory.
16. Property Ownership: Applicant must show evidence of control of property. If property is owned, enclose copy of Deed, Bill of Sale. If property is leased enclose copy of lease agreement.
17. Other facilities: Enter the name or number of any other type facility owned or operated by applicant. Additional space available on item 20.
18. Statement of responsibilities, signature: Application must be signed by applicant or authorized person(s).

APPLICANT INFORMATION

(To be completed for J. Doe also)

*Sample*

This form is intended for an individual, each partner or principal officers, who are applicants for a facility license. For more space attach sheet. Type or print clearly.

ATTACHMENT 2 (cont.)

IDENTIFYING INFORMATION

NAME Mary Doe	ADDRESS 1003 Cyprus Street	BIRTH DATE 3/18/49
TITLE Foster Mother	SOCIAL SECURITY NUMBER 100-20-3000	DRIVER'S LICENSE S1234567
OTHER NAME(S) EVER USED N/A		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
SPOUSE'S NAME (IF MARRIED) John Doe		TELEPHONE NUMBER

EDUCATION

Circle highest completed grade: 1 2 3 4 5 6 7 8 9 10 11 12

NAME AND LOCATION OF HIGH SCHOOL Roseville High School	DATE COMPLETED 1967	GED DATE N/A
NAME AND LOCATION OF COLLEGE N/A	COURSE STUDY	YEARS COMPLETED
		1 2 3 4
		1 2 3 4
		1 2 3 4
		1 2 3 4

REFERENCES

CHARACTER: (FOR INDIVIDUALS OR PARTNERS LIST PERSONS, INCLUDING PRESENT AND PAST EMPLOYERS, WITH KNOWLEDGE OF YOUR ABILITY TO PROVIDE CARE, OR TO CONTROL A CARE FACILITY.)

NAME John Smith	ADDRESS 123 Olive St.-Roseville	RELATIONSHIP Neighbor	TELEPHONE 916-758-000
Rose Middleton	53 Stuart Dr.-Roseville	Employer	916-788-1010
Rev. Arthur Miller	789 Lime Lane-Roseville	Pastor	916-761-1234

FINANCIAL: (PLEASE GIVE REFERENCES WITH KNOWLEDGE OF FINANCIAL RESOURCES AND BUSINESS PRACTICES.)

NAME Rose Middleton	ADDRESS Same as above	RELATIONSHIP Employer	TELEPHONE Same as above
Supervising Clerk			
Weinstocks Dept. Store			

BUSINESS EXPERIENCE

A. HAVE YOU OWNED OR OPERATED ANY BUSINESS? YES \_\_\_ NO X IF YES, COMPLETE THE FOLLOWING:

Type	# of Employees	Your Title	Start	End	Reason for End

B. DO YOU HAVE ANY PROFESSIONAL LICENSE OR CERTIFICATE? YES \_\_\_ NO X IF YES, COMPLETE THE FOLLOWING:

Type	Period Held	Issuing Agency

C. ARE YOU A MEMBER OF ANY PROFESSIONAL/TECHNICAL ASSOCIATION? YES \_\_\_ NO X IF YES, COMPLETE THE FOLLOWING:

Association Name	Address

**EMPLOYMENT SUMMARY ( FOR LAST 10 YEARS )**

Dates	Name and Address of Employer	Basic Duties	Termination Reason
FROM 8/1967 TO 4/1973	Roseville Station 971 Adeline Way Roseville, CA	Waitress	Increase in wages
FROM 5/1973 TO Present	Weinstocks Dept. Store 53 Stuart Drive Roseville, CA	Cashier and Book Keeper	N/A
FROM  TO			

Note: Include activities during periods of unemployment.

I declare under penalty of perjury that the statements on this form and any accompanying attachments are correct to the best of my knowledge.

Signed Mary Doe Date 1/20/80

**INFORMATION PRACTICES NOTIFICATION**

This information is being requested by the Community Care Licensing Division of the Department of Social Services to assure compliance with the provisions contained in Title 22 of the California Administrative Code and Chapter 3 of the Health and Safety Code relating to Community Care Facilities. Submission of the information requested is mandatory to determine compliance with licensing standards. Failure to provide this information may be used as the basis for license denial. The Program Manager at the local licensing office is responsible for maintaining this information. The location of the information and the categories of persons who use it may be requested of the Program Manager. Access to records containing this information will be provided unless the records are exempt from access. Authorized representatives from certain public and private agencies may be permitted access to this information. These agencies include, but are not limited to; county welfare departments, the Department of Justice, Regional Centers, the Department of Developmental Services and the Department of Mental Health.

APPLICANT INFORMATION - APPENDIX

(To be completed by J. Doe also)

ATTACHMENT 2 (cont.)

MARITAL STATUS

- Married
- Separated
- Widowed
- Single
- Divorced

WERE YOU OR ARE YOU IN THE MILITARY SERVICE?

- Yes
  - No
- If yes, indicate dates.

STARTED	ENDED

TYPE OF DISCHARGE

N/A

LIST ANY MAJOR SURGERY OR HOSPITALIZATION

N/A

HAVE YOU EVER BEEN TREATED FOR OR SUBJECT TO MENTAL ILLNESS, ALCOHOLISM, NARCOTICS, DRUG USE, EPILEPSY OR FAINTING?

- Yes
  - No
- If yes, please explain.

WERE YOU EVER CONVICTED OF AN OFFENSE, OTHER THAN MINOR TRAFFIC VIOLATIONS?

- Yes
  - No
- If yes, explain. (If more space is needed, attach an explanatory sheet.)

HAS THERE BEEN ADJUSTMENT AGAINST YOU FOR FRAUD, MISREPRESENTATION, LIBEL OR SLANDER?

- Yes
  - No
- If yes, explain. (If more space is needed, attach explanatory sheet.)

HAVE YOU EVER VOLUNTARILY COMMITTED OR INVOLUNTARILY DETAINED IN ANY FACILITY OR INSTITUTION?

- Yes
  - No
- If yes, explain. (If more space is needed, attach explanatory sheet.)

**FINGERPRINT CLEARANCE INSTRUCTIONS**

Reply to:

A clearance of criminal record is required for the licensing of community care facilities. Persons requiring clearance are: 1) each applicant, 2) the spouse (having direct operational responsibility or living at the facility), 3) the administrator and certain other persons. If the applicant is partner or corporation, each individual who has direct operational responsibility must have clearance. Whenever there is a change in the above persons, new persons assuming the responsibility must be cleared.

Clearances are obtained by submitting fingerprint information (BID-7) to the licensing agency. The agency will forward to the State Bureau of Identification (BID). The Bureau will search their files and return fingerprint record to the licensing agency.

Each fingerprint form must be accompanied by a *money order* in the amount of \_\_\_\_\_ made out to the California Department of Justice. Exception: An applicant for license to operate a facility for six or fewer children is not required to pay a fee.

Enclosed you will find one or more fingerprint forms (BID—7). Please follow instructions below for completing your fingerprinting process:

1. Each person for whom a form is required must secure this information, even if fingerprints have already been secured for other purposes.
2. Fill in the information indicated by a check mark (see reverse side of this form).
3. Have full set of fingerprints made on the BID—7 by your local sheriff's office, local police department, or other available governmental agency.
4. Sign the form BID—7 in the presence of the person taking the fingerprints.
5. Have the person taking the fingerprints sign the Form BID—7.
6. If the form is ruined, request another from the person taking the fingerprints. If a duplicate Form BID—7 is not available, request one from this office.
7. Return the completed Form BID—7 to the office designated above within three weeks of the date of this notice. Do not bend the form. If you had to secure a duplicate because of smudging, send in both forms.
8. Enclose also a *money order* made out to *California Department of Justice*, in the amount of \_\_\_\_\_ for each set of prints you enclose. (Do not enclose any fee for smudged prints which were duplicated.)

**NOTE: PERSONS REQUESTING EXEMPTION FROM FINGERPRINT FEE MUST COMPLETE BELOW AND RETURN WITH BID—7 FORM TO LICENSING AGENCY.**

I hereby certify that the children's facility for which I see a license will serve six or fewer children.

Mary Doe  
1003 Cyprus Street  
Roseville, CA

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE  
BUREAU OF IDENTIFICATION  
P. O. BOX 13417, SACRAMENTO, CALIFORNIA 95813

**APPLICANT FOR**  
(Check one)

- Teachers Credential
- School Employee
- Public Employment
- Peace Officer
- Concealed Weapon Permit
- State Employee
- Other License or Permit

Drivers License Number

Social Security Number

PLEASE COMPLETE INFORMATION BELOW

Residence Address \_\_\_\_\_ City \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 In Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Even though spaces below apply, it is advisable to fill out all indicated above, for permanent personal identification record.

If application for Public Employment:

Title of Position \_\_\_\_\_  
 Department or Agency \_\_\_\_\_  
 Political Subdivision \_\_\_\_\_  
State, County or City

If application for Concealed Weapon License:

Reason for Desiring License \_\_\_\_\_  
 Make \_\_\_\_\_ Type \_\_\_\_\_ Caliber \_\_\_\_\_ Serial Number \_\_\_\_\_

If application for other License or Permit: Facility Name

Application for { License }  
 { Permit } to \_\_\_\_\_  
 Issuing Agency \_\_\_\_\_  
 Political Subdivision \_\_\_\_\_  
State, County or City

<b>APPLICANT</b>	LEAVE THIS SPACE BLANK	LAST NAME	FIRST NAME	MIDDLE NAME
SIGNATURE OF PERSON FINGERPRINTED	RESIDENCE OF PERSON FINGERPRINTED	DATE FINGERPRINTED	PLACE OF BIRTH	CITIZENSHIP
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	NUMBER	CLASS.	REF.	
TYPE OR PRINT ALL REQUESTED DATA		LEAVE THIS SPACE BLANK		
CLASSIFIED BY	SEARCHED BY	FILED BY	CHECKED BY	PAYMENT FOR FEE RECEIVED FOR TESTING BY CBI
FILE OUT REVERSE SIDE COMPLETELY		FILE OUT REVERSE SIDE COMPLETELY		
1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

BUREAU OF IDENTIFICATION  
P. O. BOX 13417, SACRAMENTO, CALIFORNIA 95813

Voluntary—Social Security Number will be used for identification purposes only.  
APPLICANT: Failure to fill out both sides of this form completely may cause unavoidable delay.

ONE OF THESE BOXES MUST BE CHECKED		Drivers License Number
<b>APPLICANT FOR</b>	<input type="checkbox"/> Teachers Credential	81234567
	<input type="checkbox"/> School Employee	
	<input type="checkbox"/> Public Employment	Social Security Number
	<input type="checkbox"/> Peace Officer	100-20-3000
	<input checked="" type="checkbox"/> Concealed Weapon License <input type="checkbox"/> State Employee <input checked="" type="checkbox"/> Other License or Permit <input type="checkbox"/> Law Enforcement Personnel	

PLEASE COMPLETE INFORMATION BELOW

Residence Address 1003 Cyprus Street Roseville, CA	Business Address 53 Stuart Drive Roseville, CA	Current Employment Weinstocks Dept. Store - Roseville
In Emergency Notify—Name John Smith	Address 123 Olive Street Roseville, CA	Relationship Neighbor

Even though spaces below apply, it is advisable to fill out all information indicated above, for permanent personal identification record.

IF APPLICATION FOR PUBLIC EMPLOYMENT

Department or Agency of Employment	Statutory Code (If Applies to Job Title)	Title of Position
------------------------------------	--	-------------------

IF APPLICATION FOR CONCEALED WEAPON LICENSE

Reason for Desiring License			
Make	Type	Caliber	Serial Number

IF APPLICATION FOR OTHER LICENSE OR PERMIT

Application for <i>Family Home</i> <input checked="" type="checkbox"/> License <input type="checkbox"/> Permit For: FOSTER FAMILY HOME	Statutory Code (If Applies to License or Permit)
Licensing or Permit Issuing Agency	Agency and Address

# APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL REQUESTED DATA

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME/ALIASES

(To be completed for all adults)

Doe Mary Marie Morton

SIGNATURE OF PERSON FINGERPRINTED  
THIS DATA MAY BE COMPUTERIZED IN  
LOCAL, STATE AND NATIONAL FILES

CONTRIBUTOR AND ADDRESS

AGENCY AND ADDRESS

LEAVE BLANK

(Sign in presence of person taking prints)

FILL OUT REVERSE SIDE COMPLETELY

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (DATE)

SUBMITTING AGENCY No.

SEX  
F

HT. (IN.)  
6'4"

WT.  
117

HAIR  
Brn.

EYES  
Brn.

DATE OF BIRTH  
3/18/49

INDICATE IN FINGER BLOCK, REASON FOR MISSING IMPRESSIONS

PLACE OF BIRTH (STATE)

California

LEAVE BLANK

CLASS

DUE TO AMPUTATION, DEFORMITY AND INJURY

PAYMENT OF FEE REQUIRED FOR PROCESSING BY BID

DATE FINGERPRINTED

FBI No.

SEARCHED BY:

VERIFIED BY:

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

L. THUMB

R. THUMB

BUREAU OF IDENTIFICATION  
SACRAMENTO, CALIFORNIA

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

BUDGET INFORMATION

FACILITY NAME  
Doe's Foster Home

FACILITY NUMBER

MEMBERS OF HOUSEHOLD

NAME	AGE	RELATIONSHIP
Mary Doe		Wife
John Doe		Husband

INCOME (Take Home Pay - Specify If Otherwise)

SOURCE	AMOUNT
Weinstocks Dept. Store	\$ 600/month
Placer Dairy, Inc.	\$ 1,200/month
<b>Net Monthly Income</b>	<b>\$ 1,800/month</b>

MONTHLY OUTGO

Loans (Mortgage Payments - Include Payments on All Property)	\$ 300/month
Utilities	\$ 40/month
Transportation	\$ 50/month
Food and Household Supplies	\$ 200/month
Insurance Other Than Payroll Deduction	\$ 50/month
Other Expenditures	\$ 0

CONTRACT PAYMENTS (List below, use additional paper if necessary)

ITEM	CONTRACT EXPIRES	TOTAL OBLIGATION	MONTHLY PAYMENTS
			\$ 0
			\$
			\$
<b>Total Monthly Outgo</b>			<b>\$ 640/month</b>

SAVINGS AND OTHER RESOURCES:

Crocker National Bank - Savings and Checking  
Tulare Street Branch  
Roseville, CA

REMARKS:

SIGNATURE

*John Doe*

DATE PREPARED

1/20/80

INFORMATION EXCHANGE POINTS

Placement Function	Type of Information	Licensing Function
<ul style="list-style-type: none"> <li>• <u>Selecting a facility for resident</u></li> </ul>	<p>Let CCL know about placement only if facility is unlicensed, has a pending application, or the placement does not fall within the limitations on license (e.g., adult placed in a children's facility).</p>	<p>↑</p>
<p>↓</p>	<p>Provide information regarding adverse conditions and/or actions (e.g., denials) if there is an actual placement or intent to place in the facility.</p>	<ul style="list-style-type: none"> <li>• <u>Application Process</u> Prelicensing visit Application material</li> </ul>
<ul style="list-style-type: none"> <li>• <u>Field Visits</u> Supervisory Annual</li> </ul> <p>↓</p>	<p>Provide adverse information regarding facility's or licensee's ability to provide care.</p>	<p>↑</p>
<ul style="list-style-type: none"> <li>• <u>Complaints</u> Verbal Field Visits</li> </ul> <p>↓</p>	<p>Selected information such as serious violations affecting health, safety, or welfare of the facility group or an individual placement.</p>	<ul style="list-style-type: none"> <li>• <u>Licensing Visits</u> Post Licensing Annual/Renewal Plan-of-Correction Follow-up</li> </ul>
<ul style="list-style-type: none"> <li>• <u>Removal/Relocation of Person(s)</u></li> </ul>	<p>Adverse information related to each other's roles and functions.</p>	<ul style="list-style-type: none"> <li>• <u>Complaints</u> Verbal Field Visits</li> </ul> <p>↑</p>
<p>↓</p>	<p>Let CCL know of removal only when removal/relocation relates to adverse conditions or experiences in a facility.</p>	<p>↑</p>

Placement Function		Type of Information	Licensing Function
<ul style="list-style-type: none"> <li>• <u>Administrative Actions</u></li> </ul>	<p>↓</p>	<p>Let CCL know of adverse actions, such as appeals by caretakers, if it affects CCL's responsibilities.</p>	<p>↑</p>
<ul style="list-style-type: none"> <li>• <u>Administrative Actions</u></li> </ul>	<p>↓</p>	<p>Let placement know of denial, revocation or injunctive actions if it affects their responsibilities.</p>	<ul style="list-style-type: none"> <li>• <u>Administrative Actions</u></li> </ul>
<ul style="list-style-type: none"> <li>• <u>Criminal/Local Law Enforcement Referrals</u></li> </ul>	<p>↓</p>	<p>Actions against licensee, staff, household members, etc., affecting respective responsibilities.</p>	<ul style="list-style-type: none"> <li>• <u>Criminal/Local Law Enforcement Referrals</u></li> </ul>