

SAMPLE

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CRIMINAL RECORD EXEMPTION TRANSFER REQUESTOLD

Active criminal record exemptions may be transferred from one state licensed facility to another by a license applicant or licensee. ~~Exemptions cannot be transferred from a state licensed facility to a county licensed facility or from county to state.~~ transfer request must be submitted to the Department before the individual who is the subject of the transfer client contact or the facility will be in violation of the law and subject to a \$100 civil penalty.

The license applicant or licensee who is seeking the exemption transfer must verify the individual's identity and include a copy of the person's driver's license or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident, a duty statement or job description, and a Criminal Record Statement (LIC 508). ~~The LIC 508 must contain an explanation(s) of all convictions.~~ Additionally, a Child Abuse Central Index (CACI) check must be submitted if the exemption transfer is to a facility serving children and the individual has not previously submitted a CACI check or the date of the previous CACI inquiry was made prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee.

PLEASE TYPE OR PRINT LEGIBLY

DATE:

PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:

LAST NAME

FIRST NAME

MIDDLE INITIAL

CA DRIVER'S LICENSE # or ID #:

DOB:

LICENSING INFORMATION SYSTEM ID #:

SSN: (OPTIONAL)

FROM THE FOLLOWING FACILITY:

NAME OF FACILITY:

FACILITY NUMBER:

STREET ADDRESS:

CITY

STATE

ZIP CODE

TO THE FOLLOWING FACILITY:

NAME OF FACILITY:

Transferee Association Type

FACILITY NUMBER:

DATE OF EMPLOYMENT:

- Facility Administrator
 Corporation Board Member
 Employee
 Certified Home
 Licensee/Applicant
 Non-client Adult Resident
 Partnership Member
 Spouse of Licensee

STREET ADDRESS:

CITY

STATE

ZIP CODE

I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.

Title (licensee, administrator, director)

Signature

FOR DISTRICT OFFICE USE ONLY

OF EXEMPTION TRANSFER ENTRY:

INITIAL OF PERSON ENTERING TRANSFER:

NEW

CRIMINAL RECORD EXEMPTION TRANSFER REQUEST

Active criminal record exemptions may be transferred from one state licensed facility to another by a license applicant or licensee. **The transfer must be approved by the Department before the individual who is the subject of the transfer has client contact or the facility will be in violation of the law and subject to a \$100 civil penalty.**

The license applicant or licensee who is seeking the exemption transfer must verify the individual's identity and include a copy of the person's driver's license or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident. Additionally, a Child Abuse Central Index (CACI) check must be submitted if the exemption transfer is to a facility serving children and the individual has not previously submitted a CACI check or the date of the previous CACI inquiry was prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee.

This form may only be used to request an exemption transfer between state licensed facilities. To request a transfer between county and state licensed facilities, the requesting Licensing Agency must contact their county liaison. NEW

PLEASE TYPE OR PRINT LEGIBLY

DATE: _____

PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:

LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE # or ID #:	DOB:	
LICENSING INFORMATION SYSTEM ID #:	SSN: (OPTIONAL)	

FROM THE FOLLOWING FACILITY:

NAME OF FACILITY:	FACILITY NUMBER:	
STREET ADDRESS:		
CITY	STATE	ZIP CODE

TO THE FOLLOWING FACILITY:

NAME OF FACILITY:	<p>Transferee Association Type</p> <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee	
FACILITY NUMBER:		DATE OF EMPLOYMENT:
STREET ADDRESS:		
CITY		STATE

I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.

Signature _____ Title (licensee, administrator, director) _____

FOR DISTRICT OFFICE USE ONLY

DATE OF EXEMPTION TRANSFER ENTRY:	INITIAL OF PERSON ENTERING TRANSFER:
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PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

PRE-PLACEMENT QUESTIONNAIRE

INSTRUCTIONS: If the caregiver does not receive the Health and Education Passport for a "child" and the written plan identifying the specific needs and services of the "child" at the time of placement, the caregiver shall ask the placement social worker, at a minimum, all of the following Pre-Placement Questionnaire questions [Section 89468, Admission Procedures, subsections (b)(1) through (10)].

CAREGIVER NAME

DATE

CHILD'S NAME

1. Does the "child" have any allergies? (i.e. any medications, peanuts, strawberries, dogs, cats, etc.)
2. Does the "child" have a history of infections or contagious diseases?
3. Is the "child" taking any prescription medications?
4. Does the "child" have physical limitations? Is any special care needed?
5. Does the "child" have any medical conditions I should know about? (i.e. diabetes, epilepsy, etc.)
6. Does the "child" have any mental health conditions I should know about? (i.e. schizophrenia, bi-polar disorder, etc.)
7. Does the "child" have a history of suicide attempts?
8. Does the "child" have any behavioral problems? (i.e. drug abuse, running away, or starting fires, etc.)
9. Does the "child" have a history of physical or sexual abuse?
10. Does the "child" act out sexually?