

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



To:

Subject: NOTICE OF OPERATION IN VIOLATION OF LAW

Location:

You are hereby notified that the facility at the above location is operating without a license in violation of California Health and Safety Code Sections 1508, 1568.03, 1569.10, or 1596.80. These sections prohibit any person, firm, partnership, association, or corporation within the state from operating, establishing, managing, conducting, or maintaining a community care facility, residential care facility for chronically ill, residential care facility for the elderly, or child care facility in this state without a current valid license. In accordance with Health and Safety Code Sections 1540, 1541, 1568.03, 1568.0823, 1569.40, 1569.41, 1596.89 and/or 1596.890 and other applicable laws, your continued operation without a license could result in civil and/or criminal action being taken against you.

You may file an application for license by contacting the licensing agency at _____ if the Department has not taken any of the following actions in accordance with Health and Safety Code Section 1520.3, 1550.5, 1568.065, 1569.16, 1569.50, 1596.851, or 1596.885:

- Denied your license application within the last 12 months;
- Currently suspended your license;
- Revoked your license or certification within the last 2 years; and
- Excluded you from licensed facilities without reinstatement.

However, continued operation pending process of your application is a violation of law, subject to civil penalties under Health and Safety Code Section 1547, 1568.0821, 1569.485, or 1596.893b, and applicable regulations, as well as other actions by the Department.

Regional Office Manager/
County Licensing Office Manager

Date of Issuance

NEW

CHILD ABUSE CENTRAL INDEX CHECK FOR STATE LICENSED FACILITIES

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING
CAREGIVER BACKGROUND CHECK BUREAU
744 P ST., MS 19-62
SACRAMENTO, CA 95814

Complete ALL items checked (✓)

Include \$15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.

All persons subject to a background check are also subject to a Child Abuse Central Index (CACI) check, if the facility to which they are associated provides care and supervision to children. This includes all child care centers; family child care homes; children's residential homes and facilities; and adult residential facilities if, through an approved exception or a specialized license, they provide care to a person under age 18.

If the person is submitting fingerprints for a criminal record background check, a request for a check of the CACI will be transmitted to the Department of Justice at the same time.

If a CACI check is required subsequent to a California Department of Social Services (CDSS) processed criminal record background check, it is the licensee's responsibility to submit this form and appropriate fees directly to the Department of Justice, P. O. Box 903417, Sacramento, CA 94203-4170.

NEW

TYPE OR PRINT INFORMATION

✓ DATE SENT _____

NAME: LAST FIRST MIDDLE

✓

DATE OF BIRTH -- MO., DAY, YEAR SOCIAL SECURITY NUMBER - SEE PRIVACY STATEMENT ON PAGE 2.

✓

List all other names you have ever used:

MAIDEN NAME: NAME/AKA:

✓

NAME/AKA: NAME/AKA:

✓

CURRENT ADDRESS STREET CITY STATE ZIP CODE

✓

✓ FACILITY TELEPHONE NUMBER DRIVER'S LICENSE NUMBER

MALE FEMALE

✓ FACILITY NUMBER: _____

✓ FACILITY NAME: _____

✓ FACILITY ADDRESS: _____
STREET CITY STATE ZIP CODE

✓ PERSONNEL TYPE OPTIONS

- A FACILITY ADMINISTRATOR/DIRECTOR
- C CORPORATION BOARD MEMBER
- E EMPLOYEE
- F CERTIFIED HOME (FFA)
- L LICENSEE/APPLICANT
- N NONCLIENT ADULT RESIDENT
- P PARTNERSHIP MEMBER
- S SPOUSE OF LICENSEE (Unless included as a licensee)
- U UNKNOWN

FOR LICENSING OFFICE USE ONLY FOR FOLLOW-UP ONLY

Original Date Sent _____ Date Re-sent _____

FOR DEPARTMENT OF JUSTICE USE ONLY

The result of a name search in the Child Abuse Central Index is as follows:

- The subject of the attached report **MAY** be the same as the subject of your inquiry.
- No record on the above listed person.
- Too many possible matches to identify. See attached listing.

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 some one 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.

AGENCY USE ONLY

NUMBER: _____
TYPE: _____
ASSIGN: _____

FOSTER FAMILY HOME APPLICATION

Type or print clearly. See back for explanation.

1. APPLICANT(S) First	Middle	Last Name

2. APPLICANT(S) AGE Over 18 Years Old <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. PREVIOUSLY LICENSED, CERTIFIED OR APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S): _____	5b. PREVIOUS DENIAL, EXCLUSION, REVOCATION, ADMINISTRATIVE ACTION OR DECERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S): _____
3. TYPE APPLICATION <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Location Change	TYPE LICENSE(S): _____		LICENSING AGENCY(IES): _____	
4. TOTAL CAPACITY REQUESTED	ADDRESS(ES) OF PREVIOUS LICENSE(S): _____ CITY _____ STATE _____ ZIP _____		LICENSE NUMBER(S) _____	
9a. BODY OF WATER: <input type="checkbox"/> Yes <input type="checkbox"/> No	6a. RESIDENCE/ ADDRESS _____ CITY _____ STATE _____ ZIP _____	8a. DAYS & HOURS APPLICANT(S) CAN BE REACHED: _____		6b. CHECK ONE: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease
9b. PROVIDE DESCRIPTION OF BODY OF WATER: _____	7. MAJOR CROSS STREETS _____	8b. HOME PHONE: _____		8c. DAYTIME PHONE: _____
		10. WEAPONS IN HOME: <input type="checkbox"/> Yes <input type="checkbox"/> No		

11. ADULTS IN THE HOME (Ages 18 and over)				
First Name	Middle	Last Name	D.O.B.	Relationship to You

12. CURRENT CHILDREN IN YOUR HOME (DO NOT LIST NAMES)									
Relationship			D.O.B.	Sex	Relationship			D.O.B.	Sex
1. _____					_____				
2. _____					_____				

13. PREFERRED AGE AND SEX OF CHILDREN:	PREFERRED TYPE OF CHILDREN:
Ages 0 months to 2 years _____ (Male) _____ (Female)	<input type="checkbox"/> Non-Ambulatory
Ages 2 years to 9 years _____ (Male) _____ (Female)	<input type="checkbox"/> Ambulatory
Ages 10 years to 17 years _____ (Male) _____ (Female)	<input type="checkbox"/> Special Health Needs

14. APPLICANT DECLARATION - I/We declare that: (please initial)

A. I/We have money to maintain the level of service required in a Foster Family Home by Law. _____ (initials) (H&SC 1520(c))

B. I/We shall seek an approved fire clearance if accepting nonambulatory children. _____ (initials) (Section 89420)

C. I/We have read and understand the regulations and shall comply with the laws and regulations governing standards for a Foster Family Home. _____ (initials) (Section 89317)

D. I/We shall file a modified application before requesting changes in our license or changing location. _____ (initials) (Section 89234)

E. I/We shall notify the licensing agency when we want to discontinue our license. _____ (initials) (Section 89235)

F. I/We have received read and understand the Children's Personal Rights. _____ (initials) (Section 89468)

G. I/We will maintain adequate safeguards and accurate records of all cash resources entrusted to the home, in accordance with regulations of the State Department of Social Services. _____ (initials) (Section 89226)

H. I/We have control of the residence listed in Section #6a. _____ (initials) (H&SC 1502(a)(5))

15. PERJURY STATEMENT - I/We declare under penalty of perjury that the statements on this application and accompanying attachments are correct to the best of my/our knowledge.

Applicant(s) Signature(s)	City and County where Signed	Date

INSTRUCTIONS FOR FOSTER FAMILY HOME APPLICATION

This is the application form for a Foster Family Home license. The numbers on this page are the same as on the front. Information on this form is public information.

1. **APPLICANT(S)** - The applicants are the persons who will be responsible for providing care in their own home. All the applicants must live in the home to be licensed.
2. **APPLICANT(S) AGE** - A person must be at least 18 years of age or older to be licensed for care. A "Yes" check means all the applicants are 18 years of age or older.
3. **TYPE APPLICATION** - A New Application is a request to license both an individual and a home that are not now licensed. A Location Change is a request by a licensee to change their license to a home in another location. A Modification is a change to the existing license, such as a change in capacity, structure, changes of term and conditions and types of children.
4. **TOTAL CAPACITY REQUESTED** - Please provide the number of children you plan to serve (no more than 6 children).
- 5a. **PREVIOUSLY LICENSED, CERTIFIED OR APPROVED** - All prior or pending licenses, approvals, certifications, or vendor approvals must be explained on a separate sheet and submitted with your application.
- 5b. **PREVIOUS DENIAL, EXCLUSION, REVOCATION, ADMINISTRATIVE ACTION OR DECERTIFICATION** - All prior or pending licensure revocations, denials, exclusions, decertifications or revoked vendor certifications must be explained on a separate sheet and submitted with your application.
- 6a. **RESIDENCE/ADDRESS** - Your residence/address is the location of the home in which you live and want to provide care. This is the residence/address that the licensing agency will review to determine whether care can be provided in the home.
- 6b. **CHECK ONE** - Check whether you own, rent or lease your place of residence.
7. **MAJOR CROSS STREETS** - The cross streets to your home are helpful to licensing agency in finding your home. If your home is difficult to find, please also attach a sketch or map with landmarks or major cross streets.
- 8a. **DAYS & HOURS APPLICANT(S) CAN BE REACHED** - Provide the days and hours you can be reached in case of an emergency.
- 8b. **HOME PHONE** - Provide your home telephone number.
- 8c. **DAYTIME PHONE** - Provide a telephone number where you can be reached during the days and hours provided in 8a.
- 9a. **BODY OF WATER** - You must inform your licensing office if there is a body of water located on the property. Some important examples would be: swimming pool, fish pond, fountain, private well, etc.
- 9b. **PROVIDE DESCRIPTION** - Please provide a description of the body of water. Include location and size.
10. **WEAPONS IN HOME** - You must inform your licensing office if there are firearms or other dangerous weapons in the home.
11. **ADULTS IN THE HOME** - List all adults who live in your home including yourself, family members, boarders or other relatives. Do not list your own children under 18, guardianship or foster children. If you do not have enough space attach additional paper.
12. **CURRENT CHILDREN IN YOUR HOME** - List only the relationship, date of birth and sex of all children you are currently caring for. Do not list the names of children on this form.
13. **PREFERRED AGE AND SEX OF CHILDREN & PREFERRED TYPE OF CHILDREN** - By completing each section you are simply providing your placement worker with an idea of the types of children you are interested in caring for within each age group and each category. **Please note this section is informational only.**
14. **APPLICANT DECLARATION** - You need to declare to the licensing agency that you have enough money to maintain your home, you have basic fire protection, you will comply with licensing laws and regulations and you will notify the licensing agency whenever you plan to change your license. The presence of situations that may pose a danger must be reported to the licensing agency. Some important examples that you must report are: pools, guns and animals. Review and declare compliance by initialing each of the caregiver's responsibilities listed.
15. **PERJURY STATEMENT** - Each applicant must sign the application. The signatures should be the same as the names listed on the top of the form. The signature is signed under a perjury oath.

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes

Complete both pages and sign on page 2.

I. OUT-OF-STATE DISCLOSURE

Foster Family Homes, Small Family Homes, Certified Family Homes, and approved homes at time of application only

Have you lived in a state other than California within the last five years? YES NO

If YES, identify each state and complete an LIC 198B for each state listed:

II. CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes

State law requires that a person associated with licensed facilities or approved homes be fingerprinted, and disclose any conviction. A conviction is a plea of guilty, nolo contendere (no contest), or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you have.

Have you ever been convicted of a crime in California? YES NO

Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? YES NO

For Foster Family and Certified Family Homes only:

Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California

If YES, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.		
FACILITY OR CAREGIVER NAME	FACILITY NUMBER	
YOUR NAME (Print clearly)		
YOUR ADDRESS (street, city, zip)		
SOCIAL SECURITY NUMBER <small>(SEE PRIVACY STATEMENT ON REVERSE)</small>	DRIVER'S LICENSE NUMBER/STATE	DATE OF BIRTH
SIGNATURE		DATE

INSTRUCTIONS TO RESPONDENT:

If you have been convicted of a crime in California, another state, or in federal court, provide the following information:

What was the offense? _____

In which state and city did you commit the offense? _____

When did this happen? _____

Tell us what happened. (Use additional paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge

Signature _____ **Date** _____

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

INSTRUCTIONS TO LICENSEES ONLY:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:

If the person discloses that they have lived in another state within the last five (5) years, send this form and LIC 198B(s) by fax, mail or email to the Caregiver Background Check Bureau, 744 P Street, MS 19-62, Sacramento, CA 95814, fax number (916) 274-6205, email address: CBCBOutOfStateCACI@dss.ca.gov.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 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 approved, 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; Welfare and Institutions Code section 361.4) The licensing or approval agency 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 licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency 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.

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(BEDROOMS)**



APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a) Discussion of Alternative Plan: _____

Name of Child

Sex

Date of Birth

_____	_____	_____
_____	_____	_____
_____	_____	_____

Placement Worker's Name: _____ Telephone Number: _____

Did the Placement Worker approve the Documented Alternative Plan? ____ Yes ____ No

Caregiver/Applicant Signature _____ Date _____

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

This alternative plan is denied based on the following: _____

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(TELEPHONES)**



APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Telephones (Section 89373) Discussion of Alternative Plan:

.....
.....
.....
.....

Caregiver/Applicant Signature

Date

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

.....
.....
.....

- This alternative plan is denied based on the following:

.....
.....
.....

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office

SAMPLE

MAR 26 2002

CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUESTOLD

Active criminal record clearances may be transferred from one state licensed facility to another by a license applicant or licensee. ~~Clearances 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 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 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. Note: This transfer request is for clearances only. Contact your licensing office for information about exemption transfers.

PLEASE TYPE OR PRINT LEGIBLY

DATE:

PLEASE TRANSFER THE CRIMINAL RECORD CLEARANCE FOR THE FOLLOWING INDIVIDUAL:

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: PLEASE ALSO KEEP THIS INDIVIDUAL ASSOCIATED WITH ABOVE FACILITY.

NAME OF FACILITY:	Transferee Association Type	
FACILITY NUMBER:	DATE OF EMPLOYMENT:	<input type="checkbox"/> Facility Administrator
STREET ADDRESS:		<input type="checkbox"/> Corporation Board Member
CITY	STATE	ZIP CODE:
		<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
<i>I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.</i>		Title (licensee, administrator, director)
Signature		

FOR DISTRICT OFFICE USE ONLY

OF TRANSFER ENTRY:

INITIAL OF PERSON ENTERING TRANSFER:

NEW

CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST

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

The license applicant or licensee who is seeking the 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 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. *Note: This transfer request is for clearances only. Contact your licensing office for information about exemption transfers.*

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

PLEASE TYPE OR PRINT LEGIBLY

DATE:

PLEASE TRANSFER THE CRIMINAL RECORD CLEARANCE FOR THE FOLLOWING INDIVIDUAL:

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: PLEASE ALSO KEEP THIS INDIVIDUAL ASSOCIATED WITH ABOVE FACILITY.

NAME OF FACILITY:	Transferee Association Type <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>I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.</i>		Title (licensee, administrator, director)
Signature		

FOR DISTRICT OFFICE USE ONLY

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

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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.

SAMPLE

MAR 26 2

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:	<u>Transferee Association Type</u>	
FACILITY NUMBER:	DATE OF EMPLOYMENT:	<input type="checkbox"/> Facility Administrator
STREET ADDRESS:		<input type="checkbox"/> Corporation Board Member
CITY	STATE	ZIP CODE
		<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
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:

Transferee Association Type

FACILITY NUMBER:

DATE OF EMPLOYMENT:

STREET ADDRESS:

CITY

STATE

ZIP CODE

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

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

DATE OF EXEMPTION TRANSFER ENTRY:

INITIAL OF PERSON ENTERING TRANSFER:

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?