



FMS PAY LLC – “Direct Care Services” – Background Check Instructions

As of 6/24/2023

Overview:

Background checks are a requirement of the Department of Developmental Services (DDS) when providing “direct care services” to clients enrolled in the Self Determination Program (SDP). These instructions are designed to help guide you through the process of completing the background check paperwork, obtaining a LiveScan, and obtaining clearance from DDS to provide services.

If you want more information on the background check requirements, review the DDS website:
<https://dds.ca.gov/initiatives/sdp/background-checks/>

What are “direct care services?”

Direct Care Services are defined as “*assistance with dressing, grooming, bathing or personal hygiene services.*”

Who is required to obtain a background check and DDS clearance?

Anyone who is providing “direct care services,” as defined above. Please note, background checks are specific to **individuals**, not companies or agencies, therefore all **individuals** who will be providing direct care services must receive DDS clearance. If your company or agency has multiple employees who will be working with the client and providing direct care services, they must all be cleared individually.

Who is responsible for the LiveScan fees?

Per California Welfare & Institutions Code, the service provider (you or your company) is responsible for paying any fees for obtaining a LiveScan/background check. FMS Pay LLC does not provide funding for this. LiveScan fees may be considered a “business expense,” consult your tax advisor if appropriate.

How do I obtain clearance?

There are a few forms you must complete, and you must obtain a LiveScan (background check/fingerprinting).

Here are the forms you will need to complete, sign & return to **connect@fmsspay.com**

DS 229 – SDP Criminal Background Action Form:

Write today’s date on the top right as indicated.

Select an option from Section 1 – “Request a criminal record clearance” is most common. If you *already* have DDS clearance, simply request to “add a new FMS.”

Complete the identifying information in section 2.



DS 228 – Applicant Information Release:

Write the date where indicated – Note that the date must match the date on form DS 6014 (which will be explained below). – Be sure these dates match to prevent delays in processing.

Write your name, date, sign, and indicate the city & county where signed.

DS 6014 – Criminal Record Statement:

Answer questions 1, 2 and 3. If you have a criminal record, send an email to **connect@fmsspay.com** for the additional forms. (Note: If you have a criminal record, it is better to be honest and explain ahead of time. Being dishonest will reflect poorly when DDS decides to clear you or not).

Print your name, address, DOB, sign & date where indicated. Date MUST match DS 228 as referenced above.

BCIA 8016 – Request for LiveScan Service

This form is **required** for all new clearances. The top section is pre-filled by DDS – do not modify this section.

The applicant information section pertains to the individual seeking clearance. Complete all highlighted fields, sign, and date.

Do not touch the level of service section, it is pre-filled by DDS.

The employer section is not applicable. That section is only for FMS agencies that hire workers directly, which does not apply to FMS Pay LLC.

The LiveScan section at the bottom is for the LiveScan provider to complete only. Do not touch this section.

Bring the complete form to a LiveScan provider, complete the fingerprinting process, and pay any applicable fees. You may use any LiveScan agency.

LiveScan locations can be found at: <https://oag.ca.gov/fingerprints/locations>

What do I do with all the forms?

Email all the completed and signed forms to **connect@fmsspay.com** – Do not send anything directly to DDS. DDS has established a process for FMS agencies to submit the forms to ensure they are tracked and that clearances are returned timely.



Now what?

FMS Pay LLC will email your forms to DDS via secured email. DDS will receive your background check information from the DOJ & FBI, in around 2 weeks. Once that information is received, if all cleared, DDS will issue a clearance letter to you and FMS Pay LLC. Once that clearance letter is received, you will be able to begin providing direct care services. If there are any concerns related to your background check, DDS will communicate this to you and FMS Pay LLC.

Thank you for your cooperation with this important safety requirement and serving our SDP client!

If you have any questions, please email connect@fmsspay.com

SELF-DETERMINATION PROGRAM (SDP) CRIMINAL BACKGROUND ACTION FORM

INSTRUCTIONS:

Complete Sections 1 and 2. Completion of this form is required for all potential clearances to provide care or services pursuant to Welfare & Institution Code 4685.8 (w) as well as actions listed in Section 1 of this Action Form.

Today's Date _____

FMS Agency Representative
Kyle Jones

(Any correspondence regarding this participant will be sent to the Financial Management Service (FMS) Representative)

APPLICANTS MUST RETURN THIS FORM BY:

Mail: Department of Developmental Services, Office of Protective Services, 1215 O Street, MS 6-30, Sacramento, CA 95814
E-mail: SDPbackground@dds.ca.gov Fax: (916) 654-1918

Return to FMS pay LLC

ALL SECTIONS MUST BE LEGIBLE AND COMPLETE OR THE APPLICATION WILL BE REJECTED

SECTION 1. ACTION REQUESTED

CHECK APPROPRIATE BOX BELOW AND COMPLETE SECTION 2

— for New clearances - most common

- Request a Criminal Record Clearance (Attach completed forms ~~DS 229~~, DS 228, and copy of BCII 8016 Request for Live Scan Service).
- Name/Address/Position update From _____ To _____
- Add a new FMS *if already cleared* _____
- Transfer to FMS Name *same* Effective Date (MM/DD/YYYY) _____ Prior FMS Name _____
- Withdraw Individual (Effective date) _____
 From FMS Name _____ Regional Center _____

SECTION 2. IDENTIFICATION INFORMATION

FMS FMS Pay LLC Participating Regional Center _____
Applicant's Name (Last) _____ (First) _____ (Middle Initial) _____
Street Address (No P.O. Boxes) _____
City/State _____ Zip Code _____ Phone Number _____
Date of Birth (MM/DD/YYYY) _____ CDL#/CA ID# _____ SSN _____

Applicant will be providing:

- Direct Personal Care
- Other Service or support as requested by the participant or FMS

APPLICANT INFORMATION RELEASE

I understand that:

- The Department of Developmental Services (DDS) takes very seriously any false or misleading information provided by an applicant in the Criminal Record Statement DS 5407 (FHA), DS 6014 (SDP), and/or any related materials or statements submitted by the applicant to the sponsoring Family Home Agency (FHA), Self-Determination Program (SDP), Financial Services Provider (FMS), and/or DDS.
- My submission of forms, materials, and/or statements containing false or misleading information will result in DDS' refusal to approve my application; and, if discovered after approval, will result in immediate termination of my approval.

I therefore give permission to DDS to verify and supplement:

- My declarations regarding prior criminal arrests and/or convictions and continuous California residence for at least the past two years, as contained in the DS 5407/DS 6014 signed on: 7/20/14; and any explanatory attachments to the Criminal Record Statements that I may provide. *Must match date on DS 6014*
- Any criminal history information which DDS has obtained, or may obtain, about me from the Department of Justice (DOJ) including, but not limited to, police departments, sheriffs' offices, and municipal and superior courts; any driver record information, which DDS has obtained, or may obtain, about me from the Department of Motor Vehicles; and any licensure and/or certification information which DDS has obtained, or may obtain, about me from DOJ or other sources.
- Any other information, which DDS has obtained, or may obtain, from the sponsoring Agency and/or other sources regarding my qualifications as a FHA/SDP applicant.

I also give permission for DDS to perform the above functions, as necessary, through written and/or oral contacts with:

- Those persons I have identified as employment and/or personal references.
- Licensure and/or certification agency staff who can verify my current and/or past status as a licensee and/or certificate holder in good standing.
- The Department of Justice; Department of Motor Vehicles; police departments; sheriffs' offices; municipal and superior courts;
- Any other person(s) responsible for maintaining documents necessary to investigate, verify, and supplement declarations I have made and/or information I and/or other persons have provided, or may provide, which are relevant to my FHA/SDP application.

I release from all liability, damages, or legal claims every person seeking or providing written and/or oral information in response to any written and/or oral request from DDS. A photocopy of this release shall be as valid as the original, and all persons providing information may rely upon such a copy. My signature certifies that I completed this release.

PRINT NAME CLEARLY	DATE OF SIGNATURE
SIGNATURE	AGENCY NAME
CITY/COUNTY WHERE SIGNED	AGENCY ADDRESS

FMS Pay LLC
P.O. Box 16652 San Diego, CA 92176

CRIMINAL RECORD STATEMENT

THIS STATEMENT MUST BE COMPLETED BY ANY PERSON OVER THE AGE OF 18 WHO IS APPLYING FOR A SELF-DETERMINATION (SDP) PROGRAM CLEARANCE. PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTION 4685.8(w).

Persons associated with the SDP Program are required to be fingerprinted and disclose any conviction(s). A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty.

- 1. Have you ever been convicted of a crime other than a minor traffic violation? (*Misdemeanors or Felonies*) YES NO
- 2. Have you ever been convicted of a crime and had that conviction set aside under Penal Code Sections 1203.4 and/or 1203.4a? YES NO
Criminal convictions from another State, Federal or other countries court system are considered the same as criminal convictions in California.
- 3. Have you resided in any other State or Country within the last 2 years? YES NO
If YES, Prior residence: _____ CA residency date: _____

Examples of convictions are:

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

- If you answered NO to all questions above, complete below and return this page.
- If you answered YES to question 1 or 2, submit signed statement on the DS 6015 for each offense.
- If you answered YES to question (3) have FBI prints submitted from form BCIA 8016.

Return all documents to your FMS Agency

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) COULD RESULT IN A DENIAL OF YOUR EXEMPTION REQUEST OR EXCLUSION FROM THE OPS PROGRAMS.

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.	
AGENCY NAME FMS Pay LLC	REGIONAL CENTER
YOUR NAME (PRINT CLEARLY)	DATE OF BIRTH
YOUR ADDRESS	CITY
	ZIP
SIGNATURE	DATE
	<i>most match date on DS 228</i>



REQUEST FOR LIVE SCAN SERVICE

Do Not touch this section.
Applicant completes this part.

Applicant Submission

A0533
ORI (Code assigned by DOJ) _____ Consultant Per WIC 4689.2
Authorized Applicant Type _____

WIC 4689.2
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Department of Developmental Services
Agency Authorized to Receive Criminal Record Information _____ 05018
Mail Code (five-digit code assigned by DOJ) _____

1215 O Street, MS 6-30
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

Sacramento CA 95814 (916) 654-3338
City State ZIP Code Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number N/A
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)

Home Address Street Address or P.O. Box _____ City _____ State ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: N/A Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) _____ (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: N/A
(Must provide proof of rejection) Original ATI Number _____

~~Employer (Additional response for agencies specified by statute):~~

~~Employer Name _____~~

~~Street Address or P.O. Box _____ Telephone Number (optional) _____~~

~~City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____~~

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

Not Applicable

LiveScan operator section only