

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: _____; and any explanatory attachments to the Criminal Record Statements that I may provide.
- 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

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

(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

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

Request a Criminal Record Clearance (*Attach completed forms DS 5407, DS 228, and copy of BCII 8016 Request for Live Scan Service*).

Name/Address/Position update From _____ To _____

Add a new FMS

Transfer to FMS Name _____ Effective Date (MM/DD/YYYY) _____ Prior FMS Name _____

Withdraw Individual (Effective date)

From FMS Name _____ Regional Center _____

SECTION 2. IDENTIFICATION INFORMATION

FMS _____ 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

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		REGIONAL CENTER	
YOUR NAME (PRINT CLEARLY)		DATE OF BIRTH	
YOUR ADDRESS	CITY	ZIP	
SIGNATURE	DATE		



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0533 ORI (Code assigned by DOJ)	Consultant Per WIC 4689.2 Authorized Applicant Type
WIC 4689.2 Type of License/Certification/Permit <u>OR</u> 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 1215 O Street, MS 6-30 Street Address or P.O. Box Sacramento CA 95814 City State ZIP Code	05018 Mail Code (five-digit code assigned by DOJ) Contact Name (mandatory for all school submissions) (916) 654-3338 Contact Telephone Number
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Applicant Information:

Last Name _____ Other Name: (AKA or Alias) Last Name _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Place of Birth (State or Country) _____ Social Security Number _____ Home Address _____ Street Address or P.O. Box _____	First Name _____ Middle Initial _____ Suffix _____ First Name _____ Suffix _____ Driver's License Number _____ Billing Number _____ <small>(Agency Billing Number)</small> Misc. Number _____ <small>(Other Identification Number)</small> City _____ State <input type="checkbox"/> ZIP Code _____
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I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____	_____
Applicant Signature	Date

Your Number: _____ <small>OCA Number (Agency Identifying Number)</small>	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI <small>(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)</small>
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If re-submission, list original ATI number: _____
 (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 _____