

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.

RETURN ALL FORMS TO YOUR FMS AGENCY:

This document along with the DS 228, DS 6014, and BCIA 8016 has to be submitted by your FMS

ALL SECTIONS MUST BE LEGIBLE AND COMPLETE AND RETURNED TO YOUR FMS AGENCY.

Section 1. ACTION REQUESTED

CHECK APPROPRIATE BOX BELOW AND COMPLETE SECTION 2

Request a Criminal Record Clearance (*Attach completed forms DS 6014, DS 228, and copy of BCIA 8016 Request for Live Scan Service*).

Name change/ Address update From _____ To _____

Add a new FMS _____

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

Withdraw Individual _____
Effective Date

Section 2. IDENTIFICATION INFORMATION

FMS _____ Participant Regional Center _____

Applicant's Name _____
Last First Middle Initial

Street Address (*No P.O. Boxes*) _____

City/State _____ Zip Code _____ Phone Number _____

Date of Birth _____ CDL#/CA ID# _____ SSN _____
MM/DD/YYYY

Applicant will be providing: Direct Personal Care Other Service or support as requested by the participant or FMS

By providing my email, I consent to receiving email communications from DDS.

Email Contact Disclaimer

DDS will only contact you through email if we have questions regarding your background information.

DDS protects your information in accordance with applicable privacy and security standards.

DDS uses secure email systems to safeguard your information.

You may withdraw your consent or update your email address at any time by contacting our office.