

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