

FAMILY HOME AGENCY PROGRAM (FHA) CRIMINAL BACKGROUND ACTION FORM

INSTRUCTIONS:

Complete Sections 1 and 2. Completion of this form is required for all potential employees, providers, residents, visitors, volunteers, or consultants, (pursuant to W&I Code 4689.2 and 4689.3) as well as to request to transfer a current clearance or withdrawal of an individual from the FHA Program.

Today's Date:

Agency
Representative:

(Any correspondence regarding this applicant will be sent to the Agency Representative.)

AGENCIES MUST RETURN THIS FORM BY:

Mail: Department of Developmental Services, Office of Protective Services, 1600 Ninth Street, MS 3-20, Sacramento, CA 95814

E-mail: FHA@dds.ca.gov Fax: (916) 654-1918

ALL SECTIONS MUST BE LEGIBLE AND COMPLETE OR YOUR FORM 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 BCIA 8016 Request for Live Scan Service).

Transfer to *FHA Name* Effective Date *MM/DD/YYYY* Prior FHA *FHA Name*

Withdraw Individual *Effective Date*

Position, Name or Address Change

Section 2. IDENTIFICATION INFORMATION

FHA *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*

Applicant's Position (Check One):

Provider I am a Visitor to: I am a Resident in the home of:
(Complete below) (Complete below)
Volunteer Name
Consultant Address
Employee