

# 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, 1215 O Street, MS 6-30, Sacramento, CA 95814

E-mail: [FHA@dds.ca.gov](mailto: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