

FAMILY HOME AGENCY PROGRAM (FHA) CRIMINAL BACKGROUND ACTION FORM

Today's Date: _____

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.

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: _____ Effective Date: _____ Prior FHA: _____
FHA Name M/D/Y FHA Name

Withdraw Individual: _____
Effective Date

Name or Address Change

Section 2. IDENTIFICATION INFORMATION

FHA: _____ Regional Center: _____

Applicant's Name: _____
Last First M.I.

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

City/State: _____ Zip Code: _____ Phone Number: _____

Date of Birth: _____ CDL#/CA ID#: _____ SSN#: _____
M/D/Y

Applicant's Position (Check One):

Provider

I am a Visitor to:
(Complete below)

I am a Resident in the home of:
(Complete below)

Volunteer

Name: _____

Consultant

Address: _____

Employee