CRIMINAL RECORD CLEARANCE SUBMISSIONS

Facility Type:

Licensee Name:Facility Name:Facility Address:City:

Applicant Signature:

Applicant Signature Date:

L&C USE ONLY

Clearance Obtained (Yes or No)

| | | Clearance Obtained (resol No) | | | | | | |
|--|------------|-------------------------------|----------|----------------|---------------|-----|----|-----------|
| LAST NAME | FIRST NAME | DATE OF | SOCIAL | POSITION/TITLE | DATE OF HIRE | Yes | No | Date |
| | | BIRTH | SECURITY | | (mm/dd)/yyyy) | | | Clearance |
| | | (mm/dd/yyyy) | NUMBER | | | | | Obtained |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Caregiver Applicant Background System Verification: Signature: | | | | | | | e: | |

Instructions

In the table above, list the personnel that are required to obtain a criminal record clearance pursuant to the Health and Safety Code (HSC), California Code of Regulations (CCR), and Code of Federal Regulations applicable to the facility type listed below:

<u>Adult Day Health Center (ADHC)</u> INSTRUCTIONS (HSC section 1575.7): The State Department of Public Health, prior to issuing a new license, shall obtain a criminal record clearance for the administrator, program director, and fiscal officer of the proposed adult day health care center. The department shall obtain the criminal record clearances each time these positions are to be filled.

• In the table above, the list must include the following individuals: administrator, program director, fiscal officer

Home Health Agency (HHA) INSTRUCTIONS (HSC section 1728.1, Code of Federal Regulations section 455.101): The following persons shall submit to the State Department of Public Health an application and shall submit electronic fingerprint images to the Department of Justice for the furnishing of the person's criminal record to the state department: The owner or owners of a private agency if the owners are individuals. For licensed only providers - If the owner of a private agency is a corporation, partnership, or association, any person having a 10% or greater interest in that corporation, partnership, or association. The administrator of an HHA. If the Administrator is a doctor or Registered Nurse, he or she is subject to the same requirements for a criminal records clearance. For licensed and certified providers - If the owner of a private agency is a corporation, partnership, or association, any person having a 5% or greater interest in that corporation, partnership, or association. The administrator of an HHA. If the Administrator is a doctor or Registered Nurse, he or she is subject to the same requirements for a criminal records clearance.

- For licensed only providers In the table above, the list must include the following individuals: owners, individuals with 10% or more ownership interest, administrator
- For licensed and certified providers In the table above, the list must include the following individuals: owners, individuals with 5% or more ownership interest, administrator

Intermediate Care Facilities-Developmentally Disabled (ICF-DD) INSTRUCTIONS (HSC section 1265.5 and CCR section 76209): The State

Department of Public Health shall secure from the Department of Justice (DOJ) criminal offender record information to determine whether the applicant, facility administrator or manager, any direct care staff, or any other adult living in the same location, has ever been convicted of a crime. The criminal record clearance shall require the applicant to submit electronic fingerprint images and related information to the DOJ: if the applicant is an individual; if the applicant is a corporation, each officer, director, and holder of a controlling interest; if the applicant is a partnership, each general partner; and any person who will be in charge of the overall operation of the facility.

• In the table above, the list must include the following individuals: administrator or manager, licensee personnel (including owners, all board officers, directors, and LLC managers/members).

ICF-DD-Habilitative, ICF/DD-Nursing and ICF/DD-Continuous Nursing INSTRUCTIONS (HSC section 1265.5): The State Department of Public Health shall secure from the Department of Justice (DOJ) criminal offender record information to determine whether the applicant, facility administrator or manager, any direct care staff, or any other adult living in the same location, has ever been convicted of a crime. The criminal record clearance shall require the applicant to submit electronic fingerprint images and related information to the DOJ.

• In the table above, the list must include the following individuals: administrator or manager.

INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for intermediate care facility licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification and may be used to obtain criminal records or background clearances, to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.