

# REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant: If you intend to use Guardian, please start this process at the Guardian Applicant site (<https://guardian.dss.ca.gov/Applicant>). Working with your Facility/Organization, you will be able to retrieve a prepopulated Live Scan form which helps ensure accuracy and reduce possible delays.

1. **ORI: A0448**

2. **Working Title:** (Check one)  Adult Resident other than Client  Employee  RFA Relative  
 License, Certification, Applicant  Volunteer  Home Care Aide Registry Applicant

3. **Authorized Applicant Type:** \_\_\_\_\_  
 (Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type")

4. **Agency Address Set Contributing Agency:**

<u>CA Dept of Social Services</u>		<u>03502</u>
Agency authorized to receive criminal history information		Mail Code ( <i>five-digit code assigned by DOJ</i> )
<u>PO BOX 94244</u>	<u>Mail Station T9-15-62</u>	<u>N/A</u>
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
<u>Sacramento</u>	<u>CA</u> <u>94244-2430</u>	<u>N/A</u>
City	State      Zip Code	Contact Telephone No.

5. **Applicant Information:**

Name of Applicant: ( <i>Please print</i> ) _____		Last, First, MI. _____
AKA's: _____		CDL/CA ID No. _____
DOB: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc No.: <u>BIL -</u> Agency Billing Number ( <i>If applicable</i> )
HT: _____	WT: _____	Misc No.: _____ Permanent Resident Card, Out-of-State Driver's License or I.D.
Eye Color: _____	Hair Color: _____	Mailing Address: ( <i>All applicants must complete</i> )
POB: _____		_____
SOC: _____	(See Privacy Statement on Page 4)	Street or P.O. Box
		_____
		City, State and Zip Code

6. **Facility/Organization No.:** \_\_\_\_\_  
 (*This field is REQUIRED by CCL*)  
 Level of Service  DOJ  FBI  
 If resubmission, list Original ATI No.: \_\_\_\_\_ (Must present proof of rejection)

7. **Employer:** (*Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only*)

Employer Name: \_\_\_\_\_

Street No.	Street or P.O. Box	Mail Code ( <i>five-digit code assigned by DOJ</i> )
City	State      Zip Code	Agency Telephone No. ( <i>Optional</i> )

8. **Live Scan Transaction Completed By:** \_\_\_\_\_

	Name of Operator	Date
Transmitting Agency	LSID No.	ATI No.
		Amount Collected/Billed

## GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO USE A LIVE SCAN SITE (CCLD or DOJ SITE) FOR FINGERPRINTING

### Instructions for the LIC 9163

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1. **Originating Response Indicator (ORI):** Preprinted
2. **Working Title:** Check the appropriate box
3. **Authorized Applicant Type:** Indicate the facility type where you will be working.

Select your licensed facility type from the left column, and in the right column find its corresponding DOJ abbreviated facility type. Enter the corresponding DOJ abbreviated facility type on this line.

**Note:** In the following table you may be able to identify yourself with more than one facility type within each category. Please select only one facility type in any category using the facility that you are most associated with on a day-to-day basis.

**If this is your applicable facility type** **→Enter this abbreviated facility type on your application.**

CCLD Facility Type by Category	DOJ Abbreviated CCLD Facility Type
Home Care Aide	Home Care Aide
Home Care Organization	Home Care Organization
Adult Day Care Facility Adult Day Support Center Adult Residential Facility Social Rehabilitation Facility	Adult Day/Resident/Rehab
Child Care Center Infant Center Mildly Ill Center School Age Child Care Center	Day Care Center more/6 Child
Family Child Care Home	Family Child Care
Foster Family Agency Foster Family / Adoptions Agency Foster Family Agency Sub Office	Foster Family/Adopt Employment Resource Family RFA Relative
Foster Family Agency - Certified Home Foster Family Home	Foster Family Home
Group Home (6 or less children)	Group Home 6/child less
Group Home (7 or more) Community Treatment Facility	Group Home more/6 child
Residential Care Facility for the Chronically Ill Residential Care Facilities for the Elderly	Residential Care Facility Elderly
Small Family Home Transitional Housing Placement Program	Residential Child Care 6/less

**4. Agency Address Set Contributing Agency:****Agency authorized to receive criminal history information:****The following information is pre-printed:****Agency:** CA Dept of Social Services**Mail Code:** 03502**Street No.:** P.O. BOX 94244, M.S. 9-15-62**Contact Name:** NA**City, State, Zip:** Sacramento, CA 94244-2430**Contact Telephone No.:** NA**5. Applicant Information:****Name of Applicant:** Print your full name (last, first, middle initial).**AKA's:** List all other names you have ever used**CDL No.:** CA Drivers License or CA Identification

(I.D.) Number

**DOB:** Date of Birth**Sex:** Male or Female**MISC No.:** BIL - Enter the agency billing number, if applicable**HT:** Height**WT:** Weight**MISC No.:** Enter any other identification numbers (Permanent Resident, Out of State Driver's License or I.D.)**Eye Color:** Color of eyes**Hair Color:** Color of hair**Mailing Address:** Applicant's mailing address**POB:** Place of Birth (State or Country)**SOC:** Social Security Number (optional) (See Privacy Statement on Page 4)**6. Facility Number:** Enter the facility number or assigned OCA number (Agency Identifying Number).**Level of Service:** **Preprinted****Note: If a Child Abuse Central Index (CACI) check is required, it will automatically be completed by DOJ and all applicable fees will be charged. There is no entry necessary on the applicant's part. If resubmission for fingerprint quality, list Original Applicant Tracking Information (ATI) No.:** If your finger- prints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.**7. Employer:** Enter the facility name and address for which you are being printed.**Employer Name:** Enter the facility organization name.**Street No.:** Enter the facility organization address.**Mail Code:** Enter the facility organization mail code (if applicable).**City, State, Zip:** Enter the facility organization city, state and zip.**Agency Telephone No.:** Enter the facility organization phone number.**8. Live Scan Transaction Completed By:** The Live Scan operator will complete this section.**Take two copies of this form with you the day you are fingerprinted. The Live Scan Operator will complete section 8. One copy will be retained by the Operator and the other you may retain for your records.**

## **PRIVACY NOTICE**

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information:** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) and the Care Provider Management Branch (CPMB) in the California Department of Social Services (CDSS) collect the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1522.1, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-87200; Welfare and Institutions Code sections 16500-16523.1; and other state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information:** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. Notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

**Access to Your Information:** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information:** In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including personal information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

### **IMPORTANT INFORMATION**

Under the California Public Records Act (Government Code section 7920.000 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters (news media).

In addition, the Department is required to tell people who ask, including the news media, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry. The Department shall not release any information regarding Home Care Aides in response to a Public Records Act request, other than their Home Care Aide number.

The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where disclosure is necessary for them to perform their legal duties, and their use of your information is compatible and complies with the law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

### **QUESTIONS ABOUT NOTICE AND RECORD INFORMATION**

For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office. Regional offices can be found by visiting the Community Care Licensing Division (<https://cdss.ca.gov/inforesources/community-care-licensing>) and choosing the appropriate option under Quick Links - Regional Contacts.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170

**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

### **FEDERAL PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Noncriminal Justice Applicant's Privacy Rights:** As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

1. Written notification includes electronic notification, but excludes oral notification.

2. <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

3. See 28 CFR § 50.12(b)

4. See U.S.C. § 552a(b); 28 U.S.C. § 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)