

CDSS LICENSING ADMINISTRATIVE ACTION PERSONNEL FLAGGING ATTACHMENT

Reference Section

Facility Type:

Facility Name:

Facility Address:

Facility Number:

Other Facility Nos.:

Licensing Office:

ASSOCIATED INDIVIDUALS

Personnel Identification Number:Individual's relationship to facility (check one):

Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other

INSTRUCTIONS FOR COMPLETION:

Regional Office: Complete the Reference Section for the primary facility in which the individual to be flagged was associated. Complete the Personnel Identification Number and Individual Relationship to Facility Sections for each individual who will be flagged as a result of this action. Submit this form as part of the Statements of Facts package to the Department of Social Services, Legal Division. If more individuals will be flagged, attach second copy of form.

Program Office: Enter the Personnel Identification Number for each individual into the CCL Log screen of the Legal Case Tracking system.