

NOTICE OF FORM CHANGE NO. 05-113

DATE

08/29/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE BCII 9002 - Substitute Agency Notification Request

ORDER UNIT EACH	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 8/05	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 8/05

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is a Master Only on the internet.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

SUBSTITUTE AGENCY NOTIFICATION REQUEST

BCII 9002 (Orig. 08/05)

*Check if re-submission

Form must be filled out completely to ensure processing. Any required information that is not provided will result in the application being denied and returned to the requesting agency.

* Form may be resubmitted for corrections one time without additional charge using the original document only.

STEP I - To be completed by applicant (please print):

Name		
(Last)	(First)	(Middle)
Aliases (Maiden name, AKA's)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)		Social Security Number (optional)
<i>I am requesting that my fingerprint clearance or exemption be transferred to the receiving licensing agency below.</i>		
Applicant Signature _____		

STEP II - Original application information - to be completed by applicant:

Date Fingerprinted (if known):	Original Application Type (check one): <input type="checkbox"/> Family day care <input type="checkbox"/> Family day care volunteer <input type="checkbox"/> Foster family home
Original Applicant Agency/ORI:	

STEP III - To be completed by receiving licensing agency:

Completion of this section indicates that the receiving agency has approved the transfer

Agency	Effective date
Address	Agency/ORI
	Contact Name
Street or P.O. Box	Phone Number ()
City State Zip Code	Billing Code

DOJ use only

<p><u>Request approved for processing</u></p> <p><input type="checkbox"/> Fee Received</p> <p><input type="checkbox"/> On authorized agency list</p> <p><input type="checkbox"/> Transfer complete</p>	<p><u>Request Denied (CACI not processed)</u></p> <p><input type="checkbox"/> Fee not received/incorrect billing code</p> <p><input type="checkbox"/> Not on authorized agency list</p> <p><input type="checkbox"/> Required data missing</p> <p><input type="checkbox"/> App type does not match</p> <p><input type="checkbox"/> Original application not on file</p>
<p><u>Child Abuse Central Index (CACI) processing</u></p> <p><input type="checkbox"/> CACI Transfer complete Technician stamp _____</p> <p><input type="checkbox"/> CACI Transfer not completed - Submit New LIC 198 Form</p>	

Receiving licensing agency must transmit this notification to:

Department of Justice
Bureau of Criminal Identification and Information
P.O. Box 903417
Sacramento, CA 94203-4170