

## HOME CARE AIDE REGISTRY REQUEST FOR NAME/ADDRESS CHANGE

Pursuant to California Health and Safety Code section 1796.28(a)(2) Home Care Aide applicants must to notify the Department of an address change within 10 days. Please type or print clearly. Please note that submission of this form will serve as notification of name and or address change to only the Home Care Aide Registry and the Home Care Services Bureau. Please ensure that you include a copy of one of the following forms of identification: California Driver's License, California ID Card, Permanent Residence Card, or a numbered, picture ID issued from a state other than California. Mail this form and a copy of your identification to: The California Department of Social Services, Home Care Services Bureau 744 P Street, MS T8-3-90, Sacramento, CA 95814. Please note that incomplete packets will not be accepted.

**Change of Address** (complete sections I, II, & IV)     **Name Change** (complete sections I, III & IV)

SECTION I -- CURRENT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
PER ID/HCA ID NUMBER	*SOCIAL SECURITY NUMBER ( <i>VOLUNTARY</i> )	DATE OF BIRTH	
MAILING ADDRESS ( <i>NUMBER AND STREET</i> )			AREA CODE/TELEPHONE NUMBER (    )
CITY	STATE	ZIP CODE	

SECTION II: CHANGE OF ADDRESS		
PREVIOUS MAILING ADDRESS ( <i>NUMBER AND STREET</i> )		AREA CODE/TELEPHONE NUMBER (    )
CITY	STATE	ZIP CODE

SECTION III: NAME CHANGE		
<p>The California Department of Social Services may recognize a name change by a registered Home Care Aide if that name is now his or her legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.</p> <p><b>Please submit a photocopy of the legal documentation with this form for name changes. This document must show your current and previous name. Acceptable forms of legal documentation are one of the following: Marriage Certificate, Dissolution of Marriage (Divorce Decree), or Certified Court Order.</b></p>		
PREVIOUS LAST NAME (LAST NAME)	PREVIOUS FIRST NAME	PREVIOUS MIDDLE NAME

SECTION IV – PERSONAL ATTESTATION	
<p>I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was originally issued the Home Care Aide Registration. I hereby certify that this name and/or address change is not made for fraudulent purposes.</p>	
Signature	Date

\*Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.) notice is given for the request of your Social Security Number (SSN) on this form. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form. You have a right to access certain records containing your personal information maintained by the Department (Civil Code Section 1798 et seq.). Under the California Public Records Act and the Freedom of Information Act, 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.