



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

December 23, 2008

ERRATA

ALL COUNTY LETTER NO. 08-58E

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
ALL JUVENILE COURT JUDGES
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: CORRECTION TO ALL COUNTY LETTER (ACL) 08-58

REFERENCE: ACL No. 08-58 dated December 1, 2008: RELATIVE AND NONRELATIVE EXTENDED FAMILY MEMBER (NREFM) CAREGIVERS – CRIMINAL RECORD CLEARANCE AND EXEMPTION TRANSFERS

The purpose of this Erratum is to convey the correct version of the *Substitute Agency Notification Request (BCII 9002)* form to be used to transfer a criminal record clearance or exemption and subsequent arrest notification service to a new county of jurisdiction.

Counties should use the April 2008 version of the form, which is attached and can also be accessed at:

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/BCII9002.pdf>

All other information and instructions provided in ACL 08-58 are correct.

All County Letter No. 08-58E
Page Two

If you have any questions about this Erratum, please contact the Kinship Care Policy and Support Unit at (916) 657-1858.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Enclosure

c: County Welfare Directors Association
Chief Probation Officer of California

SUBSTITUTE AGENCY NOTIFICATION REQUEST

BCII 9002 (Orig. 04/08)

 *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 am requesting that my fingerprint clearance or exemption be transferred to the receiving licensing/approval agency below.		
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 <input type="checkbox"/> Relative Placement (includes NREFM)
Original Applicant Agency/ORI:	

STEP III - To be completed by receiving licensing/approval agency:

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

Agency	Effective date
Address Street or P.O. Box	Agency/ORI
	Contact Name
City State Zip Code	Phone Number ()
	Billing Code
DOJ use only	
Request approved for processing	Request Denied (CACI not processed)
<input type="checkbox"/> Fee Received	<input type="checkbox"/> Fee not received/incorrect billing code
<input type="checkbox"/> On authorized agency list	<input type="checkbox"/> Not on authorized agency list
<input type="checkbox"/> Transfer complete	<input type="checkbox"/> Required data missing
	<input type="checkbox"/> App type does not match
Child Abuse Central Index (CACI) processing	<input type="checkbox"/> Original application not on file
<input type="checkbox"/> CACI Transfer complete	Technician stamp _____
<input type="checkbox"/> CACI Transfer not completed - Submit New LIC 198 Form	

Receiving licensing/approval agency must transmit this notification to:

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