

NOTICE OF FORM CHANGE NO. 04-060

DATE

02/26/2004

TO: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms Management Unit (916) 657-1907
<input checked="" type="checkbox"/> Community Care Licensing District Offices <input type="checkbox"/> Private and Public Adoption Agencies	<input type="checkbox"/> District Attorney <input type="checkbox"/> 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 LIC 9188 (9/03) - Criminal Record Exemption Transfer Request

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 9/03	REPLACES 3/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" 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 <input checked="" type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>9/03</u>
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No. <input type="checkbox"/> Other (specify)	

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

Attached is a Reproducible Copy

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.

CRIMINAL RECORD EXEMPTION TRANSFER REQUEST

Active criminal record exemptions may be transferred from one state licensed facility to another by a license applicant or licensee. Exemptions cannot be transferred from a state licensed facility to a county licensed facility or from county to state. **The transfer must be approved by the Department before the individual who is the subject of the transfer has client contact or the facility will be in violation of the law and subject to a \$100 civil penalty.**

The license applicant or licensee who is seeking the exemption transfer must verify the individual's identity and include a copy of the person's driver's license or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident. Additionally, a Child Abuse Central Index (CACI) check must be submitted if the exemption transfer is to a facility serving children and the individual has not previously submitted a CACI check or the date of the previous CACI inquiry was made prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee.

PLEASE TYPE OR PRINT LEGIBLY	DATE:
-------------------------------------	-------

PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:

LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE # or ID #:	DOB:	
LICENSING INFORMATION SYSTEM ID #:	SSN: (OPTIONAL)	

FROM THE FOLLOWING FACILITY:

NAME OF FACILITY:	FACILITY NUMBER:
-------------------	------------------

STREET ADDRESS:

CITY	STATE	ZIP CODE
------	-------	----------

TO THE FOLLOWING FACILITY:

NAME OF FACILITY:	Transferee Association Type <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee	
FACILITY NUMBER:		DATE OF EMPLOYMENT:
STREET ADDRESS:		
CITY		STATE
<i>I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.</i>		Title (licensee, administrator, director)
Signature		

FOR DISTRICT OFFICE USE ONLY

DATE OF EXEMPTION TRANSFER ENTRY:	INITIAL OF PERSON ENTERING TRANSFER:
-----------------------------------	--------------------------------------