

**NOTICE OF FORM CHANGE NO. 04-095**

DATE

03/16/2004

**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 LIC 9210 Quarterly County Exemption Report

ORDER UNIT <b>MASTER ONLY</b>	<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 11/03	REPLACES 10/02	<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: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<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 11/03

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# QUARTERLY COUNTY EXEMPTION REPORT

1. COUNTY	2. FACILITY TYPE	3. COUNTY LIAISON NAME	4. COUNTY LIAISON PHONE (     )	5. YEAR
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6. REPORTING PERIOD

Jan. - Mar. **(Due April 7th)**     
  Apr. - June **(Due July 7th)**     
  July - Sept. **(Due Oct. 7th)**     
  Oct. - Dec. **(Due Jan. 7th)**

7. Name of Subject	8. Facility Name and Facility Number	9. Soc. Sec. #	10. DOB	11. Reporting Source	12. Type of Exemption	13. Criminal Violation Code / Year of Conviction	14. Assoc. With Facility	15. Comments

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-679) and the information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.

**INSTRUCTIONS FOR COMPLETING THE LIC 9210  
(QUARTERLY COUNTY EXEMPTION REPORT)**

Type or print clearly.

1. Enter the name of the county.
2. Enter the facility type, either Family Child Care Home or Foster Family Home.
3. Enter the county liaison's name who is assigned to your county.
4. Enter the county liaison's phone number.
5. Enter the year of the report.
6. Check the appropriate reporting period.
7. List the subject's name as it appears on the Department of Justice criminal record. It is not necessary to list all of the aliases as reflected on the rap sheet.
8. Enter the facility name and number listed on the license.
9. Enter the subject's social security number.
10. Enter the subject's date of birth.
11. Enter the appropriate reporting source: Department of Justice (DOJ), Federal Bureau of Investigation (FBI), or self reported on LIC 508 (self).
12. Enter the type of exemption. Use the following legend: Standard (ST), Simplified (SM), Conditional (C), Individual (I), Non-Exemptible (N) or Denied (D).
13. List the year of conviction, the type of conviction [Misdemeanor (M) or Felony (F)], and the criminal violation code number and title identified on the RAP sheet. Include all convictions both self-disclosed and from the RAP sheet and list one crime on each line of the form. If the subject was on informal or formal probation, note date ended.
14. Enter the individual's association with the facility. Use the following legend: Applicant (A), Licensee (L), Relative/Family Member (R), Individual (I), Employee (E), Other Adult in the Home (O).
15. List any additional information, i.e., any additional reports requested such as PD reports, convictions which were pleaded down or dismissed and, if the case was discussed at a legal consultation with your county liaison and staff attorney. Did a minor, non-serious conviction stem from an arrest for a violent crime? If so was a crime report reviewed? Please indicate if the crime(s) upon which the exemption was determined considered this "potential for violence" factor in the exemption decision. Note: a violent crime is a crime that, upon evaluation of the code section violated and/or the reports regarding the underlying offence, presents a risk of harm or violence.