

## APPLICATION FOR HOME CARE AIDE REGISTRATION

Please type or print clearly. Please ensure that you include a check or money order in the amount of \$35.00, payable to the California Department of Social Services, and complete the LiveScan form (LIC 9163) to submit fingerprints. Mail this completed two-page application, the complete Criminal Record Statement (LIC 508), and a \$35.00 check or money order to: The California Department of Social Services, Home Care Services Bureau, 744 P Street, MS 9-14-90, Sacramento, CA 95814. **Per Health and Safety Code Section 1796.48, the Home Care Aide application fee is nonrefundable.**

**If any of the following apply, then you are not eligible for Home Care Aide registration at this time. Please note, if you continue with the application process, your application will be withdrawn and your fee will be forfeited.**

- You had an application for a license, TrustLine registration, foster care certificate of approval, administrator certification, or home care aide registration denied within the past year;
- You had a license, TrustLine registration, foster care certificate of approval, administrator certification, or home care aide registration revoked or rescinded within the past two years;
- You had a criminal record exemption denied within the past two years; and/or
- You were excluded from all licensed facilities, certified family homes, resource family homes, and/or home care organizations and have not successfully petitioned for reinstatement.

**NAME**

|       |        |         |
|-------|--------|---------|
| Last: | First: | Middle: |
|-------|--------|---------|

**LIST ALL OTHER NAMES YOU HAVE EVER USED, SUCH AS MAIDEN OR ALIASES (AKAs)**

**RESIDENCE ADDRESS**

|                 |        |           |         |
|-----------------|--------|-----------|---------|
| Street Address: |        |           | Apt:    |
| City:           | State: | Zip Code: | County: |

**MAILING ADDRESS (If different than above):**

|                          |        |           |         |
|--------------------------|--------|-----------|---------|
| P.O. Box/Street Address: |        |           | Apt:    |
| City:                    | State: | Zip Code: | County: |

**E-MAIL (Voluntary)**

**DATE OF BIRTH**

**SEX**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**SOCIAL SECURITY NUMBER (Voluntary)**

**DRIVER'S LICENSE/IDENTIFICATION CARD/ALIEN REGISTRATION**

|  |  |
|--|--|
|  |  |
|--|--|

**TELEPHONE NUMBERS**

|      |          |
|------|----------|
| Day: | Evening: |
|------|----------|

**\*\* Do NOT forget to complete page two (2) \*\***

**Disclosure of Personal Information**

Assembly Bill 2455 (Statutes 2018, Chapter 917, Section 2) created a new law that affects all Registered Home Care Aides. This law requires CDSS to provide the name and telephone numbers of Registered Home Care Aides to labor organizations, when requested. This law also requires CDSS to create a process for Registered Home Care Aides to tell the Department not to release their information, or “opt-out” of the disclosure of their personal information.

Effective July 1, 2019, all individuals who become Registered Home Care Aides and all Registered Home Care Aides renewing their registration are subject to their names and telephone numbers being released to labor organizations. If you do not want your personal information released, please check the box below.

I **do not** want my personal information shared with labor organizations and wish to opt-out of this requirement.

Please note the following:

- You must be 18 years of age or older to apply to be listed on the Home Care Aide Registry.
- Once you are registered, failure to notify the Home Care Services Bureau of a change of mailing address within ten (10) days will result in forfeiture of your registration.
- You must list one of these four IDs: California Driver’s License; California ID card; Alien Registration Card; or a numbered, picture ID issued from a state other than California. If the application only has a Social Security Number without one of these four acceptable IDs, it will be returned.
- 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; however, failure to provide the SSN may delay the processing of this form and the criminal record check. The law requires that you complete a background check (Health and Safety Code Section 1796.24). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. 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.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.**

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.**