

SELF-DETERMINATION PROGRAM (SDP) CRIMINAL BACKGROUND ACTION FORM

INSTRUCTIONS:

Complete Sections 1 and 2. Completion of this form is required for all potential clearances to provide care or services pursuant to Welfare & Institution Code 4685.8 (w) as well as actions listed in Section 1 of this Action Form.

Today's Date _____

FMS Agency Representative _____

(Any correspondence regarding this participant will be sent to the Financial Management Service (FMS) Representative)

RETURN ALL FORMS TO YOUR FMS AGENCY:

Mail: Department of Developmental Services, Office of Protective Services, 1600 Ninth Street, Room 300, MS 3-20, Sacramento, CA 95814. E-mail: SDPbackground@dds.ca.gov | Fax: (916) 654-1918

ALL SECTIONS MUST BE LEGIBLE AND COMPLETE AND RETURNED TO YOUR FMS AGENCY.

Section 1. ACTION REQUESTED

CHECK APPROPRIATE BOX BELOW AND COMPLETE SECTION 2

- Request a Criminal Record Clearance (*Attach completed forms DS 6014, DS 228, and copy of BCIA 8016 Request for Live Scan Service*).
- Name/Address/Position update From _____ To _____
- Add a new FMS _____
- Transfer to _____ Effective Date _____ Prior FMS _____
FMS Name MM/DD/YYYY FMS Name
- Withdraw Individual _____
Effective Date
- From _____
FMS Name Regional Center

Section 2. IDENTIFICATION INFORMATION

FMS _____ Participant Regional Center _____

Applicant's Name _____
Last First Middle Initial

Street Address (*No P.O. Boxes*) _____

City/State _____ Zip Code _____ Phone Number _____

Date of Birth _____ CDL#/CA ID# _____ SSN _____
MM/DD/YYYY

Applicant will be providing:

- Direct Personal Care
- Other Service or support as requested by the participant or FMS