

CRIMINAL RECORD APPROVAL TRANSFER NOTIFICATION

Pursuant to Welfare and Institutions Code §5405, an additional background check shall not be required if the individual or licensee has received a prior criminal history background check while working in a Mental Health Rehabilitation Center (MHRC) or Psychiatric Health Facility (PHF) licensed by the State Department of Health Care Services (DHCS), provided DHCS has maintained continuous subsequent arrest notification, on the individual, from the Department of Justice since the prior criminal background check was initiated.

The information contained in this form is required to notify DHCS of the individual's intention to provide direct care staff services either by employment or contract at a subsequent facility. The individual must provide a copy of his/her driver's license or valid photo identification issued by the Department of Motor Vehicles of the United States government.

Prior to providing services at the subsequent facility, the individual must obtain DHCS's approval and the subsequent facility must impose all the same restrictions as were required upon DHCS's initial approval.

PLEASE TYPE OR PRINT		Date:
Last Name:	First Name:	Middle Initial:
Driver's License or ID#:	Date of Birth:	Social Security Number (Optional):

FROM THE FOLLOWING FACILITY:

Facility Name:		Facility Number:
Street Address:		
City:	State:	Zip Code:

TO THE FOLLOWING FACILITY:

Facility Name:		<u>Transferee Association Type</u> <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Facility Director <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Program Director <input type="checkbox"/> Licensee <input type="checkbox"/> Applicant <input type="checkbox"/> Fiscal Officer <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
Facility Number:	Date of Employment:	
Street Address:		
City:	State:	

I certify that I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.

Title (licensee, administrator, director):

Signature: _____

FOR DHCS – LICENSING AND CERTIFICATION SECTION USE ONLY

DATE OF CRIMINAL RECORD APPROVAL TRANSFER ENTRY:	INITIALS OF PERSON ENTERING TRANSFER
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PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the California Information Practices Act of 1977 (Civil Code §1798, et seq.), notice is given for the request of the Social Security Number (SSN) on this form.

Social Security Number: The California Department of Health Care Services (DHCS) uses a person's SSN as an identifying number for internal verification and administrative purposes in connection with the criminal background check authorized under Welfare and Institutions Code §5405 and California Civil Code §798.85(b). The requested SSN is voluntary. However, failure to provide the SSN may delay the processing of this form and the criminal record check. In order to be licensed or work at a licensed facility, the law requires that you undergo a criminal background check. See Welfare and Institutions Code §5405. DHCS will create a file concerning your criminal background check that will contain certain documents, including information that you provide. The requested information is part of a background clearance process required by Welfare and Institutions Code §5405 when anyone who has contact with other patients or residents in the provision of services in a PHF or MHRC. Failure to provide the information may result in a denial of the ability to work at a licensed facility.

Obtaining information and access to your records: You have the right to access certain records containing your personal information maintained by DHCS (Civil Code §1798, et seq.). You may contact DHCS Criminal Background Check Unit using the contact information listed below, to request information regarding the location of your records and the categories of any person who uses the information in those records:

**California Department of Health Care Services
Mental Health Services Division
Program Oversight and Compliance Branch
Licensing and Certification Section – Criminal Background Check
P.O. Box 997413, MS 2801
Sacramento, CA 95811**

MHCBC@dhcs.ca.gov

Phone Number: (916) 324–2744

FAX Number: (916) 440– 5496