

**HOME CARE AIDE REGISTRY APPLICATION** **New Application**  **Renewal Application****See page 2 for complete instructions. Use ball point pen and print clearly.****1. NAME**

LAST:	FIRST:	MIDDLE:
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**2. LIST ALL OTHER NAMES YOU HAVE EVER USED, SUCH AS MAIDEN OR ALIASES (AKAs)**

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**3. RESIDENCE ADDRESS**

STREET:	APT:	CITY:	STATE:	ZIP:	COUNTY:
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**4. MAILING ADDRESS (IF DIFFERENT):**

P.O.BOX/STREET:	APT:	CITY:	STATE:	ZIP:	COUNTY:
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**5. E-MAIL (Voluntary)****DATE OF BIRTH****SEX**

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**6a. SOCIAL SECURITY NUMBER (Voluntary) 6b. DRIVERS LICENSE OR ID#/PERMANENT RESIDENT ID#/OUT-OF-STATE ID #**

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**7. TELEPHONE NUMBERS**

DAY:	EVENING:
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**8. TRANSFER PROCESS**

Are you currently registered on TrustLine, or licensed by, or working in a facility licensed by, the California Department of Social Services Community Care Licensing?  **Yes**  **No**

Please provide the personnel ID number \_\_\_\_\_

Do you want to transfer your background clearance from TrustLine or Community Care Licensing to the Home Care Aide Registry? (If yes, fingerprints are not required.)  **Yes**  **No**

Enter the Facility # \_\_\_\_\_ (include photocopy of ID)

**9. AFFILIATED HOME CARE ORGANIZATION**

Are you currently affiliated to or applying to become affiliated with a Home Care Organization?  **Yes**  **No**

If yes, please list organization name and organization. number.

ORGANIZATION NAME: <b>Shebaz Inc. dba = Healthy at Home Caregivers</b>	ORGANIZATION # <b>304700121</b>
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**10. SIGNATURE**

SIGNATURE (REQUIRED)	DATE (REQUIRED)
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**11. FEES: Make a check or money order in the amount of \$25.00 payable to the California Department of Social Services.****12. SUBMISSION**

**Mail this application, fees, copy of Live Scan Form, and LIC 508 to:**  
**Department of Social Services**  
**Caregiver Background Check Bureau**  
**Attn: Home Care Aide Registry Program**  
**P.O. Box 944243, M.S. 9-15-62**  
**Sacramento, CA 94244-2430**

Applicant, have you ...

1. Used exactly the same name on the application form and page 1 of the Criminal Record Statement (LIC 508)?
2. Included the appropriate ID number (i.e. California Driver's License)?
3. Submitted your fingerprints through Live Scan and included a copy of the Live Scan form?
4. Signed and dated the application?
5. Included a check or money order as payment of fees?
6. Completed, signed, and dated the Criminal Record Statement (LIC 508)?

# HOME CARE AIDE REGISTRY APPLICATION INSTRUCTIONS

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To become listed on the Home Care Aide Registry, you must complete the attached application (HCS 100) and the Criminal Record Statement (LIC 508).

## PRINT ALL INFORMATION EXCEPT SIGNATURE

1. Print your full legal name. Do not use nicknames. *NOTE: It is recommended you use the name that is on your ID card. If your ID lists your maiden name but you are using a married name, use the married name as the main name and maiden name as the AKA. If your signature is missing on the application or LIC 508, the application will be returned.*
2. List all other names you have ever used. *NOTE: This includes aliases such as 'Beth' if used as a legal name.*
3. Print your complete residence address. *NOTE: City names must be spelled out. Abbreviated city names will not be accepted.*
4. Print your complete mailing address, if different than residence address. **Once you are registered, failure to notify the Home Care Registry Program of a change of mailing address within 10 days will result in forfeiture of your registration.**
5. List your e-mail address, date of birth, and sex ("M" for male or "F" for female). *NOTE: You must be 18 years of age or older to apply to be listed on the Home Care Aide Registry.*
6. a) Print your Social Security Number, 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. 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.  
  
b) Print your ID number, which is required. *NOTE: You must list one of these four IDs: California Driver's License; California ID card; Permanent Resident 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.*
7. List a daytime and evening telephone number.
8. **TRANSFER PROCESS:** If you are currently licensed by the Community Care Licensing Division, working in a facility licensed by Community Care Licensing, or registered with the TrustLine Registry, you may be eligible to transfer your background clearance. Check the appropriate boxes **Yes** or **No** in section 8 and submit the completed Home Care Aide Registry application (page 1) along with a photocopy of your ID to the address listed in box 11. If you have marked "Yes" in section 8, fingerprints are not required.
9. **AFFILIATED HOME CARE ORGANIZATION:** If you are applying to become affiliated with a home care organization, mark the appropriate box **Yes** or **No**. If yes, list home care organization information in this section. To affiliate to additional home care organizations, a transfer request may be submitted only after your application has been approved.
10. You must sign and date the application. If your signature or the date is missing, the application will be returned as incomplete.
11. **You must include a check or money order for \$25.00, payable to the California Department of Social Services**
12. Mail your application, a copy of the Live Scan form and the Criminal Record Statement (LIC 508) to the address shown in box 12.

You must answer the questions on the **CRIMINAL RECORD STATEMENT (LIC 508), Page 1. IF YOU DO NOT INCLUDE THIS FORM, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL BE CLOSED. YOUR NAME WILL NOT BE PLACED ON THE HOME CARE AIDE REGISTRY UNTIL YOU SUBMIT THE CRIMINAL RECORD STATEMENT (LIC 508).**