

Safe Families for Children Host & Family Coach Clearance

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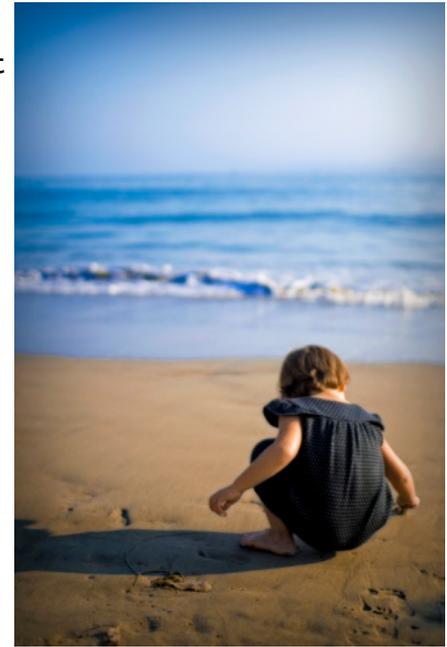
1. Fill out the SFFC Application & Home Evaluation forms attached to this email. You can fill it out on the computer or print them out and fill them in by hand.
2. Get your supporting documentation return it to SFFC.
 - Finger Printed through LiveScan
 - 3 Year DMV Driving Record
 - Copies of your drivers license & proof of auto insurance
3. Complete the Safe Families for Children Online Training. You received & invitation into the system when you signed up to be involved with Safe Families. If you cannot find this email contact safefamilies@olivecrest.org

Please return any clearance materials by

Email: safefamilies@olivecrest.org

Fax: 714.543.5463

mail: SFFC at Olive Crest 2130 E. 4th St. Santa Ana, CA 92705



Frequently asked questions

Do I have to fill out an application for everyone in my household?

No. You only need to fill out one application per household but you need one Family Evaluation Form for anyone over 18 residing in your household.

What is a home visit?

The Home Visit provides SFFC the opportunity to get to know our Host Families in depth. This time provides the opportunity for us all to explore the reason the family would like to become a Host Family and how they are prepared to do so. This time also provides our staff with a time to speak into the family's life and to share what it means to provide care to a child as a Host Family.

What do I need to prepare for it?

The only action that is required for your home visit is to turn in your Application & Family Evaluation forms to Safe Families for Children at Olive Crest.

How do I make an appointment for a home visit?

Contact Safe Families for Children to schedule an appointment . Email Safefamilies@olivecrest.org or call 714.543.5437 x1234

How do I get my Live Scan Finger Prints?

Follow the instructions on the LiveScan form attached. Each person 18 and over who is living in your home will need to have a Live Scan completed.

How do I get a DMV driving record?

You can request one in person at the DMV or Visit <http://www.dmv.ca.gov/online/dr/welcome.htm>

Questions? Contact safefamilies@olivecrest.org

SFFC at Olive Crest 2130 E. 4th St. Santa Ana, CA 92705 t:714.543.5437 x1234 f:714.543.5463



Safe Families for Children

2130 E. 4th St., Ste. 200, Santa Ana, CA 92705
Phone: (714)543.5437 Fax: (714)543.5463

Host Family Check List

Thank you for your interest in becoming a host family for Safe Families for Children (SFFC). Below is a checklist to help you keep track of everything you need to do to be screened and approved. Please note that completion of these items does not guarantee certification as a host family.

- SFFC Application (one per household)
- SFFC Family Evaluation Form (completed by everyone in household that is over the age of 18)
- Fingerprints Submitted to LiveScan and copies of forms sent to SFFC Office (for anyone over the age of 18 in household)
- Criminal Record Statement
- Copy of Driver's License
- Printout of Driving Record from www.dmv.ca.gov
- Copies of Vehicle Insurance
- Safe Families for Children Training Complete before homestudy
(<http://www.screencast.com/t/RSuGYaXA>)
- Pastoral Reference
- Friend/Colleague Reference #1
- Friend/Colleague Reference #2
- Home Study with SFFC Staff (scheduled when all other items have been completed)

**Please contact Safe Families with any questions:
Email: safefamilies@olivecrest.org
Phone: (714) 543.5437 ext 1234**

SAFE FAMILIES APPLICATION



Safe Families for Children

Date: _____

Family Name: _____

DATE		SUPERVISING AGENCY Olive Crest			
AGENCY REPRESENTATIVE		AGENCY CONTACT NUMBER 714.543.5437		AGENCY EMAIL safefamilies@olivecrest.org	
CONTACT DATES: <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> Close File					
FAMILY BACKGROUND					
APPLICANT #1			APPLICANT #2		
LAST NAME		FIRST NAME		LAST NAME	
BIRTH DATE (mm/dd/yyyy)		BIRTH PLACE		BIRTH DATE (mm/dd/yyyy)	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		RACE/ETHNICITY/NATIONALITY:		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
RELATIONSHIP STATUS <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			RELATIONSHIP STATUS <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
LANGUAGES SPOKEN Primary Secondary			LANGUAGES SPOKEN Primary Secondary		
PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work		MOBILE CARRIER		PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
Alt PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work		MOBILE CARRIER		Alt PHONE <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
EMAIL ADDRESS			EMAIL ADDRESS		
HOME ADDRESS					
STREET ADDRESS					
CITY				STATE	ZIP
HOME PHONE					
HOME INFORMATION					
Is there any type of business operated from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, describe impact of home business while you are hosting a child in your home.					
HOME DESCRIPTION: (Check all that apply)					
Construction					
<input type="checkbox"/> Apartment Building		<input type="checkbox"/> Single Family Home		<input type="checkbox"/> Duplex	
<input type="checkbox"/> Military		<input type="checkbox"/> One Story		<input type="checkbox"/> Two or More Stories	
				<input type="checkbox"/> Condominium	
				<input type="checkbox"/> Bi-Level	
				<input type="checkbox"/> Mobile Home	
				<input type="checkbox"/> Basement	
Other:					
Indoor Space					
<input type="checkbox"/> One Bedroom		<input type="checkbox"/> Two Bedrooms		<input type="checkbox"/> Three Bedrooms	
<input type="checkbox"/> Four or more Bedrooms		<input type="checkbox"/> Attic			
<input type="checkbox"/> Basement with Walkout		<input type="checkbox"/> Handicapped Accessible		Other:	
Overall Square footage: _____					
Outside Space					
<input type="checkbox"/> Porch		<input type="checkbox"/> Deck		<input type="checkbox"/> Patio	
<input type="checkbox"/> Hot Tub		<input type="checkbox"/> Fenced Yard		<input type="checkbox"/> Detached Garage	
				<input type="checkbox"/> Pool/Pond/Spa/Fountain	
				<input type="checkbox"/> Play Equipment	
				<input type="checkbox"/> Shed/barn	
				<input type="checkbox"/> Handicapped Accessible	
<input type="checkbox"/> Other:					

Arrangement				
<input type="checkbox"/> Rent		<input type="checkbox"/> Own	<input type="checkbox"/> Other	
Home Environment				
Do you have a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, is it fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are smoke detectors and carbon monoxide detectors working? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is water temperature set to avoid burning? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are cleaning supplies and chemicals out of reach or secured? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any open outlets, etc. that may be harmful? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does anyone in the household smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PETS/FIREARMS/ WATER SOURCES				
PETS				
Are there pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the pet friendly to children?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain.				
If yes, do they meet all county/city safety ordinance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If there are pets in the home, describe the number and type of pets.				
Explain any noncompliance with county/city safety ordinance requirements.				
FIREARMS				
Are there any firearms or weapons in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details (if there are more than three please attach an addition sheet)				
Type of weapon	Purpose for weapons	Storage Location		
HOUSEHOLD COMPOSITION				
Include All Individuals Residing In The Home, Add additional Information on another sheet as needed				
NAME	DATE OF BIRTH	RESIDES		RELATIONSHIP TO APPLICANT
First and Last Name	(mm/dd/yyyy)	Part Time	Full Time	(Biological, step, foster child, adopted child, Godchild, etc.)
Briefly describe your neighborhood. Include safety and general surrounding area and facilities.				

DESCRIPTION OF HOME – Sleeping Arrangements

If the room is occupied please provide the names of the occupants. Indicate the type of bed a child staying in your home will be able to use. For example a crib, single, double, bunk etc. If a bunk bed is available indicate if it is the upper or lower bed.

BEDROOM	NAMES OF OCCUPANTS	OPEN	TYPES OF BEDS FOR CHILDREN:
		<input type="checkbox"/>	

TRANSPORTATION:

Will household vehicles be used to transport children? Yes No

If no, describe alternative transportation plan if family does not own an operating vehicle:

Does the applicant(s) have proof of insurance? Yes No

If No, please explain.

Does the applicant(s) have a valid driver's license to operate vehicles used to transport children? Yes No

If no, please explain.

APPLICANT #1

I understand that I must have appropriate child safety seats when applicable.

I understand that I am responsible for ensuring that any person outside the household who transports children must have a valid driver's license and insurance and must adhere to Safe Families for Children guidelines for transporting children.

I understand that all drivers must, hold a valid license and provide proof of insurance before transporting minors in your care.

I understand that I will be asked for a DMV printout.

APPLICANT #2

I understand that I must have appropriate child safety seats when applicable.

I understand that I am responsible for ensuring that any person outside the household who transports children must have a valid driver's license and insurance and must adhere to Safe Families for Children guidelines for transporting children.

I understand that all drivers must, hold a valid license and provide proof of insurance before transporting minors in your care.

I understand that I will be asked for a DMV printout.

List all household members whom you would like to have approved to transport minors in your care.

NAME	DRIVERS LICENSE #	STATE LICENSES ISSUED	DATE OF BIRTH	PHONE (If not applicant 1 or 2)

MOTIVATION

Why do you and your family want to become a Host Family Volunteer?

FINANCIAL INFORMATION

Please select your current annual household income.

- Less than \$10,000 \$60,000-\$69,999
 \$10,000-\$19,999 \$70,000-\$79,999
 \$20,000-\$29,999 \$80,000-\$89,999
 \$30,000-\$39,999 \$90,000-\$99,999
 \$40,000-\$49,999 More than \$100,000
 \$50,000-\$59,999

Support System

Who can help with childcare?

If you had a crisis, who would you call?

FAMILY DYNAMICS**CHILDREN**Sibling relationships Excellent Good Fair PoorHealth of Children: Excellent Good Fair PoorBehavior of Children: Excellent Good Fair PoorDiscipline: Time Outs Spanking Loss of privileges Grounding Other:

Do your children have special Needs? (check all that apply)

- Learning Development Health Mental Health Drug or Alcohol Abuse

Explain special needs indicated.

Children's view of having a Safe Family guest in your home:

Is there anyone else over the age of 18 living at your residence? Yes No**SUPPORT OF BIRTH PARENTS**Are you interested in developing a relationship with the parent of the child in your care? Yes No**SAFE FAMILIES CHILD INFORMATION**

What ages are you interested in having in your home?

How many children are you interested in having in your home?

What gender(s) are you interested in having in your home? Male Female Either**REFERENCES**

Please provide the name, contact information, and relationship type for three references. Please have them mail or fax in reference sheet to Olive Crest Attn: Please include a pastoral reference.

NAME	EMAIL	PHONE	RELATIONSHIP

FAMILY EVALUATION



Safe Families for Children

Date: _____

Family Name: _____

LAST NAME	FIRST NAME
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FAMILY BACKGROUND
 (Discuss life experience and family relationships, general understanding of the family history, structure, organization and culture. Has there been any history of domestic violence?)

FAMILY OF ORIGIN

Which of the following has occurred in your family of origin?

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Divorce	<input type="checkbox"/> Traumatic Events	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Legal Difficulties	<input type="checkbox"/> Other:			

If you checked any of the above please provide brief details. Attach a separate sheet if necessary.

Who primarily raised you?

<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Mother and Stepparent	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Aunt(s) and/or Uncle(s)	<input type="checkbox"/> Foster Parent(s)
<input type="checkbox"/> Father	<input type="checkbox"/> Father and Stepparent	<input type="checkbox"/> Maternal Grandparent(s)	<input type="checkbox"/> Older Sibling(s)	<input type="checkbox"/> Institutional Caretaker(s)
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Paternal Grandparent(s)	<input type="checkbox"/> Adoptive Parent(s)	<input type="checkbox"/> Legal Guardian(s)

Other: _____

Were you ever separated from either or both of your parents during your childhood for any of the following reasons?

<input type="checkbox"/> No Separations	<input type="checkbox"/> Death of parent(s)	<input type="checkbox"/> Parent(s) in Military
<input type="checkbox"/> Parents separated	<input type="checkbox"/> Abandoned by parents	<input type="checkbox"/> Parent(s) in prison
<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Parent(s) long-term hospitalization	<input type="checkbox"/> Removed from your home by police or social services

Other: _____

How old were you when you moved away from your parent(s) or primary caretaker(s) home?

Years of Age I currently live with my parent(s) or primary caretaker(s)

What were the circumstances that led you to leave home?

Among the children in your family, what is your position?

Only Child Number of children

Check the boxes that best characterize your childhood relationship with your mother or primary female caretaker.

<input type="checkbox"/> No relationship	<input type="checkbox"/> Friendly	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Took care of mother
<input type="checkbox"/> Abusive	<input type="checkbox"/> Warm	<input type="checkbox"/> Anxious	<input type="checkbox"/> Afraid of mother
<input type="checkbox"/> Idolized	<input type="checkbox"/> Gentle	<input type="checkbox"/> Consistent	<input type="checkbox"/> Unpredictable
<input type="checkbox"/> Neglectful	<input type="checkbox"/> Smothering	<input type="checkbox"/> Distant/Uninvolved	<input type="checkbox"/> Full of Conflict
<input type="checkbox"/> Caring	<input type="checkbox"/> Demonstrative	<input type="checkbox"/> Superficial	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Supportive	<input type="checkbox"/> Over Protect	<input type="checkbox"/> Strained	<input type="checkbox"/> Loving
<input type="checkbox"/> Fun	<input type="checkbox"/> Respectful	<input type="checkbox"/> Close	<input type="checkbox"/> Other

Check the boxes that best characterize your childhood relationship with your father or primary male caretaker.

<input type="checkbox"/> No relationship	<input type="checkbox"/> Friendly	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Took care of father
<input type="checkbox"/> Abusive	<input type="checkbox"/> Warm	<input type="checkbox"/> Anxious	<input type="checkbox"/> Afraid of father
<input type="checkbox"/> Idolized	<input type="checkbox"/> Gentle	<input type="checkbox"/> Consistent	<input type="checkbox"/> Unpredictable
<input type="checkbox"/> Neglectful	<input type="checkbox"/> Smothering	<input type="checkbox"/> Distant/Uninvolved	<input type="checkbox"/> Full of Conflict
<input type="checkbox"/> Caring	<input type="checkbox"/> Demonstrative	<input type="checkbox"/> Superficial	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Supportive	<input type="checkbox"/> Over Protect	<input type="checkbox"/> Strained	<input type="checkbox"/> Loving
<input type="checkbox"/> Fun	<input type="checkbox"/> Respectful	<input type="checkbox"/> Close	<input type="checkbox"/> Other

Check all the boxes that best describe what your childhood experience was like.

- | | | | | |
|------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Painful | <input type="checkbox"/> Stable | <input type="checkbox"/> Traumatic | <input type="checkbox"/> Exciting | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Confusing | <input type="checkbox"/> Spoiled | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Secure |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Frightening | <input type="checkbox"/> Enjoyable | <input type="checkbox"/> Carefree | <input type="checkbox"/> Sickly |
| <input type="checkbox"/> Wonderful | <input type="checkbox"/> Chaotic | <input type="checkbox"/> Sad | <input type="checkbox"/> Stimulating | <input type="checkbox"/> Difficult to remember |
| <input type="checkbox"/> Other | | | | |

Check the boxes that best describe your parents'/primary caretakers'/relationship with each other when you were a child:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Cold | <input type="checkbox"/> Committed | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Hostile | <input type="checkbox"/> Separated | <input type="checkbox"/> Violent |
| <input type="checkbox"/> On again/Off Again | <input type="checkbox"/> Close | <input type="checkbox"/> Fulfilling | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Full of Conflict | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Fun and playful |
| <input type="checkbox"/> Domineering/Submissive | <input type="checkbox"/> Affected by alcohol/drug abuse | <input type="checkbox"/> Distrustful and suspicious | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Other | | | |

How would you rate your parents'/primary caretakers' ability to manage their lives?

- | | |
|---|---|
| Mother or Female Primary Caretaker | Father or Male Primary Caretaker |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |

Check the boxes that best describe the personal characteristic of your mother or primary female caretaker when you were a child

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Active | <input type="checkbox"/> Moody | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Generous | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Shy | <input type="checkbox"/> Content | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Serious | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Understanding | <input type="checkbox"/> Warm | <input type="checkbox"/> Prejudiced |
| <input type="checkbox"/> Substance Abuser | <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Supportive | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Fun/Playful | <input type="checkbox"/> Dramatic | <input type="checkbox"/> Reassuring |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irritable | <input type="checkbox"/> Other |

Check the boxes that best describe the personal characteristic of your father or primary male caretaker when you were a child

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Active | <input type="checkbox"/> Moody | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Generous | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Shy | <input type="checkbox"/> Content | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Serious | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Understanding | <input type="checkbox"/> Warm | <input type="checkbox"/> Prejudiced |
| <input type="checkbox"/> Substance Abuser | <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Supportive | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Fun/Playful | <input type="checkbox"/> Dramatic | <input type="checkbox"/> Reassuring |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irritable | <input type="checkbox"/> Other |

Who primarily disciplined you during your childhood?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Both parents equally | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Older Siblings(s) | <input type="checkbox"/> Maternal grandparent(s) | <input type="checkbox"/> Paternal grandparent(s) |
| <input type="checkbox"/> Aunt and/or Uncle | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Legal guardian(s) | <input type="checkbox"/> Primary Caretaker(s) |
| <input type="checkbox"/> Other | | | |

Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood.

- | | | | |
|--|---|--|---|
| Mother or Primary caretaker | | Father or Primary caretaker | |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Praised positive behaviors | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed | <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed |
| <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded | <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded |
| <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed Privileges | <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed Privileges |
| <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences | <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences |
| <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room | <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room |
| <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food | <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food |
| <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors | <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors |
| <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Physically punished | <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Physically punished |
| <input type="checkbox"/> Spanked | <input type="checkbox"/> Used physical restraints
(e.g. tied to bed) | <input type="checkbox"/> Spanked | <input type="checkbox"/> Used physical restraints
(e.g. tied to bed) |

Check the boxes that represent the personal values held by your parents/primary caretakers.

Mother or Primary caretaker		Father or Primary caretaker	
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Honesty	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Honesty
<input type="checkbox"/> Religious beliefs	<input type="checkbox"/> Family Closeness	<input type="checkbox"/> Religious beliefs	<input type="checkbox"/> Family Closeness
<input type="checkbox"/> Compassion	<input type="checkbox"/> Family support	<input type="checkbox"/> Compassion	<input type="checkbox"/> Family support
<input type="checkbox"/> Social Conscience	<input type="checkbox"/> Social Status	<input type="checkbox"/> Social Conscience	<input type="checkbox"/> Social Status
<input type="checkbox"/> Strong work ethic	<input type="checkbox"/> Education	<input type="checkbox"/> Strong work ethic	<input type="checkbox"/> Education
<input type="checkbox"/> Being Responsible	<input type="checkbox"/> Self Respect	<input type="checkbox"/> Being Responsible	<input type="checkbox"/> Self Respect
<input type="checkbox"/> Freedom of expression	<input type="checkbox"/> Independence	<input type="checkbox"/> Freedom of expression	<input type="checkbox"/> Independence
<input type="checkbox"/> Leading a balanced life	<input type="checkbox"/> Making Money	<input type="checkbox"/> Leading a balanced life	<input type="checkbox"/> Making Money
<input type="checkbox"/> Being a parent	<input type="checkbox"/> Fidelity	<input type="checkbox"/> Being a parent	<input type="checkbox"/> Fidelity
<input type="checkbox"/> Patriotism	<input type="checkbox"/> Healthy Lifestyle	<input type="checkbox"/> Patriotism	<input type="checkbox"/> Healthy Lifestyle
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

How do your own personal values compare to those of your parents/primary caretakers?

Basically share the same values Share some of their values Don't know

Share most of their values Do not share any of their values

Check the boxes that best describe what you were like as a child (pre-teenage years)

<input type="checkbox"/> Happy	<input type="checkbox"/> Awkward	<input type="checkbox"/> Responsible	<input type="checkbox"/> Rebellious	<input type="checkbox"/> Shy
<input type="checkbox"/> Temperamental	<input type="checkbox"/> Self-Confident	<input type="checkbox"/> Sad	<input type="checkbox"/> Disobedient	<input type="checkbox"/> Curious
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Friendly	<input type="checkbox"/> Irresponsible	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Compliant
<input type="checkbox"/> Unhappy	<input type="checkbox"/> Calm	<input type="checkbox"/> Anxious/Nervous	<input type="checkbox"/> Sickly	<input type="checkbox"/> Thoughtful
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Serious	<input type="checkbox"/> Active	<input type="checkbox"/> Insecure	<input type="checkbox"/> Quiet
<input type="checkbox"/> Fearful	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Funny	<input type="checkbox"/> Obedient	<input type="checkbox"/> Other

Check the boxes that best describe what you were like as a teenager

<input type="checkbox"/> Happy	<input type="checkbox"/> Awkward	<input type="checkbox"/> Responsible	<input type="checkbox"/> Rebellious	<input type="checkbox"/> Shy
<input type="checkbox"/> Temperamental	<input type="checkbox"/> Self-Confident	<input type="checkbox"/> Sad	<input type="checkbox"/> Disobedient	<input type="checkbox"/> Curious
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Friendly	<input type="checkbox"/> Irresponsible	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Complaint
<input type="checkbox"/> Unhappy	<input type="checkbox"/> Calm	<input type="checkbox"/> Anxious/Nervous	<input type="checkbox"/> Sickly	<input type="checkbox"/> Thoughtful
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Serious	<input type="checkbox"/> Active	<input type="checkbox"/> Insecure	<input type="checkbox"/> Quite
<input type="checkbox"/> Fearful	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Funny	<input type="checkbox"/> Obedient	<input type="checkbox"/> Other

When you were a child, with whom would you confide?

<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Primary Caretaker(s)	<input type="checkbox"/> Psychiatrist(s)/Psychologist(s)/Social Worker
<input type="checkbox"/> Father	<input type="checkbox"/> Aunt(s)/Uncle(s)	<input type="checkbox"/> Cousin(s)	<input type="checkbox"/> Clergy
<input type="checkbox"/> Sibling(s)	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Counselor(s)/Teacher(s)	<input type="checkbox"/> Other:

When you were a child or adolescent, did you require counseling or psychiatric care? Yes No

Are there issues, traumatic incidents, or accidents from your childhood that currently cause you distress? Yes No

If you were married previously, how did your marriage(s) end?

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Death of Spouse	<input type="checkbox"/> Divorce	<input type="checkbox"/> Annulment
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If you went through a divorce, check the boxes that best describe what the experience was like for you.

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Frightening	<input type="checkbox"/> Bitter	<input type="checkbox"/> Frustrating	<input type="checkbox"/> A relief
<input type="checkbox"/> Easy	<input type="checkbox"/> Painful	<input type="checkbox"/> Amicable	<input type="checkbox"/> Fair	<input type="checkbox"/> Long and drawn out
<input type="checkbox"/> Expensive	<input type="checkbox"/> Unfair	<input type="checkbox"/> Crazy	<input type="checkbox"/> Devastating	<input type="checkbox"/> Depressing
<input type="checkbox"/> Other:				

Have you ever been in a custody dispute? Yes No

Answer the following if you are currently married. If you are not currently married then proceed to the section titled loss history.

How long did you know your current spouse before you were married?

Check the boxes that best describe the characteristics of your current spouse:

<input type="checkbox"/> Religious	<input type="checkbox"/> Distant	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Social
<input type="checkbox"/> Uncaring	<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Competitive	<input type="checkbox"/> Happy
<input type="checkbox"/> Appreciative	<input type="checkbox"/> Athletic	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Unforgiving
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Workaholic	<input type="checkbox"/> Faultfinding	<input type="checkbox"/> Understanding
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Prejudiced	<input type="checkbox"/> Flexible	<input type="checkbox"/> Honest
<input type="checkbox"/> Dogmatic	<input type="checkbox"/> Careful	<input type="checkbox"/> Abusive	<input type="checkbox"/> Romantic
<input type="checkbox"/> Introvert	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Moody	<input type="checkbox"/> Generous
<input type="checkbox"/> Emotional	<input type="checkbox"/> Quick Tempered	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Dependable
<input type="checkbox"/> Friendly	<input type="checkbox"/> Worrier	<input type="checkbox"/> Depressed	<input type="checkbox"/> Impulsive
<input type="checkbox"/> Rigid	<input type="checkbox"/> Domineering	<input type="checkbox"/> Tolerant	<input type="checkbox"/> Good sense of humor
<input type="checkbox"/> Self-Centered	<input type="checkbox"/> Supportive	<input type="checkbox"/> Communicative	<input type="checkbox"/> Kind
<input type="checkbox"/> Gentle	<input type="checkbox"/> Predictable	<input type="checkbox"/> Clear thinking	<input type="checkbox"/> Energetic
<input type="checkbox"/> Good listener	<input type="checkbox"/> Considerate	<input type="checkbox"/> Anxious	<input type="checkbox"/> Other
<input type="checkbox"/> Playful	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Smart	

Check the boxes that best describe the various roles you and your spouse play in the relationship:

Roles you play in relationship

- Head of Household
- Leader
- Emotional One
- Social planner
- Initiator
- Peacemaker
- Comforter
- Risk taker
- Money Manager
- Wage earner
- Decision maker
- Rational one
- Organizer
- Compromiser
- Caregiver
- Follower
- Negotiator
- Manager
- Homemaker
- Other

Roles spouse plays in relationship

- Head of Household
- Leader
- Emotional One
- Social planner
- Initiator
- Peacemaker
- Comforter
- Risk taker
- Money Manager
- Wage earner
- Decision maker
- Rational one
- Organizer
- Compromiser
- Caregiver
- Follower
- Negotiator
- Manager
- Homemaker
- Other

How often do you and spouse argue?

- Never
- Rarely
- Once or twice a year
- Once or twice a month
- Once or twice a week
- Once a day
- Several times a day

Check the boxes that best describe the major areas of conflict between you and your spouse?

- Discipline of children
- Religion
- Alcohol/drugs
- Emotional closeness
- Family involvement
- Personal
- Household Chores
- Work
- Infidelity
- Emotional separateness
- Money

Check the boxes that best describe the way you typically react when you have a major disagreement with your spouse.

- Reach agreement through mutual give and take
- Take time to think things over before discussing
- Give in and attempt to smooth things over
- Seek outside help such as a counselor/clergy person
- Sometimes pound or break things
- Change the topic
- Agree to disagree
- Sometimes yell and shout
- Leave the house to cool off
- Become silent
- Try to outwit spouse.
- Things get physical (pushing, shoving, hitting)
- Other:

LOSS HISTORY

Please describe the times in your life that you have had a significant loss.

Have you resolved these losses in your life? Yes No

Please explain.

COUNSELING HISTORY

Have you ever participated in counseling? Yes No

What was the purpose that you sought out a counseling professional?

DISCIPLINE & BEHAVIOR MANAGEMENT

Describe you plans for discipline and behavior management of the children staying in your home.

What rules are important in your family?

CRIMINAL HISTORY

Have you or anyone in your family or circle of friends ever been suspected of, investigated for, charged with, or convicted of physical, emotional or sexual child abuse? (check all that apply)

- | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Niece(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In-law(s) | |

If you selected any of the above other than No, please explain.

Have you or anyone in your family or circle of friends ever been suspected of, investigated for, charged with, or convicted of activities involving child pornography? (check all that apply)

- | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Niece(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In-law(s) | |

If you selected any of the above other than No, please explain.

Have you or anyone in your family or circle of friends ever been suspected of, investigated for, charged with, or convicted of activities involving child neglect? (check all that apply)

- | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Niece(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In-law(s) | |

If you selected any of the above other than No, please explain.

Will any of the people selected above have access to any of the Safe Families Children left in your care? Yes No

If yes, please explain.

Have you ever been arrested? Yes No

Have you been convicted of a felony? Yes No

Have you ever been involved in a domestic violence incident? Yes No

MEDICAL HISTORY

What is the overall condition of your health?

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

Have you ever been hospitalized or had surgery? Yes No

Are you currently taking any medication(s)? Yes No

Have you ever had a substance abuse or alcohol problem? Yes No

Have you had any of the following conditions?

- | | | |
|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Colitis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Impaired sight | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Anxiety/Panic Attacks |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Infertility/Sterility | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Other condition(s) not listed: | | |

Have you ever had mental health challenges? Yes No

Do you have health problems that affect your role of hosting a child in your home? Yes No

Do you smoke? Yes No

EMPLOYMENT HISTORY

Current/Last Employer	Location	Title	Dates Employed
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Responsibilities

Previous Employer	Location	Title	Dates Employed
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Responsibilities

How many hours a week do you currently work?

Have you ever been terminated or asked to resign a position for any reason Yes No

If yes, please provide details surrounding your termination or resignation.

EDUCATIONAL HISTORY

Please check the highest level of education you have completed.

- Less than High School
 High School/GED
 Some College
 2-Year College Degree (AA, AS)
 4-Year College Degree (BA, BS)
 Master's Degree
 Doctorial
 Professional (MD, JD)

Please list school attended starting with high school to most recent. Attach an additional sheet if necessary.

Name	Location	Dates Attend	Major	Degree

CURRENT FAMILY RELATIONSHIPS

If you are currently married, please answer the following questions. If you are not currently married then skip ahead to the section on previous marriage.

Years Married

How did you meet?

Have you had any periods of separation? Yes No

Please list the major Strengths of your marriage.

Weaknesses of Marriage.

Previous Marriages

Have you been previously married? Yes No

If yes, were there any instances of domestic violence in the marriage? Yes No

Are there any children resulting from a previous marriage? Yes No

Do you have custody of these children? (This includes, whole, partial or shared custody agreements) Yes No

If Yes are these children listed as residents in your household? Yes No

VALUES AND BELIEFS SYSTEMS OF YOUR FAMILY:

Please describe the values that your family adheres to.

CULTURAL EXPERIENCES

Discuss any experiences with different cultures, discrimination, and prejudice during childhood and adulthood.

Are you willing to help preserve your guest's culture and heritage?

RELIGION/SPIRITUAL BELIEFS

Do you regularly attend religious services? Yes No

If yes please provide the name and location of the church.

Name of Church

Location of Church

Please select any of the following that pertain to you.

Bible Study/Life Group/Small Group/Cell Group

Ministry Leader

Midweek programs or services

Service/Mission Activities

I practice a religion other than Christianity

I do not participate in religious activities

Please provide details of Service/Mission Activities

Is there anything else you would like to share with our staff?

Safe Families for Children at Olive Crest (SFFCOC) Background Review and Fingerprint Clearances

California State law requires background checks for specified community care licensees, employees, volunteers, certified administrators, license exempt subsidized child care providers, and anyone who resides in a licensed facility (foster home) who is not a client. To secure the safety of children all persons working in any capacity with children, whether it be as a paid staff or volunteer, must first be “cleared” through the California Department of Justice (DOJ), Child Abuse Central Index (CACI) and the Federal Bureau of Investigation (FBI). Such a “clearance” is obtained by submitting fingerprints for investigation through the above mentioned state and federal agencies.

With the advancement of technology fingerprints are now submitted electronically. Electronic images and personal information are transferred through a process called “Live Scan”. This information is made available to state and federal agencies in a matter of seconds. Following an investigation, the results of the DOJ, CACI and FBI fingerprint checks are sent to Community Care Licensing (CCL) for review. CCL will either “clear” a person, request an “exemption” from Olive Crest on the behalf of a person whose fingerprints have not cleared due to past criminal activity, or deny an application altogether. (If you have an arrest in your history, and you are eligible for an “exemption”, the clearance process can take up to six—eight months to complete.)

Olive Crest requires three sets of fingerprints from its Safe Families applicants. The cost of fingerprinting is \$50-\$90 depending on the location you choose.

The Live Scan Procedure (Please Read Carefully)

- 1) Obtain the Live Scan Application Submission form(s).
The necessary application(s) are included with this cover sheet. Two forms are required per person for Safe Family parents.
- 2) Fill out the required form(s).
- 3) Schedule an appointment.
 - ◆ You may call an Identix Live Scan vendor at **1-800-315-4507** to schedule an appointment. (Ask which location is nearest you.) The appointment scheduler will ask you to provide the information on the Applicant Submission form(s). **Safe Families parents must schedule two: one for the “DOJ/CACI” clearance, and one for the “FBI” clearance. If asked it is the same as adoption.**
 - ◆ You may choose a local fingerprinting service.
- 4) Return your completed fingerprint forms to your Safe Families Case Coach. These “receipts” are required for tracking your fingerprint clearance.

Schedule your appointment(s) as soon as possible.

Remember, you cannot be certified until ALL of the following prints have cleared!

- Applicant #1 DOJ/CAI**
- Applicant #2 DOJ/CAI**
- Applicant #1 FBI**
- Applicant #2 FBI**

REQUEST FOR LIVE SCAN SERVICE

BCII 8018 (3/07)

Applicant Submission

ORI: A2671 Type of Application: License, Certification, Permit
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:
OLIVE CREST FAMILY PRESERVATION 08854
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
2130 East Fourth Street Suite 200 Kellyn Arii
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Santa Ana CA 92108 (714) 543.5437 x1234
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI
 Alias: _____ Driver's License No: _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. BIL - BILL APPLICANT
Agency Billing Number
 Height: _____ Weight: _____ Misc. Number: _____
 Home Address: _____
 Eye Color: _____ Hair Color: _____
Street No. Street or PO Box
 Place of Birth: _____
City, State and Zip Code
 Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.) Level of Service: FBI DOJ
 If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)
Olive Crest Family Preservation
Employer Name
2130 East Fourth Street Suite 200
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
Santa Ana CA 92108 (714)543.5437
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date
 Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? **YES** **NO**

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? **YES** **NO**

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME		FACILITY NUMBER	
YOUR NAME <i>(PRINT CLEARLY)</i>	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER <i>(SEE PRIVACY STATEMENT ON REVERSE SIDE)</i>	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the 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, 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.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.