



## ***IHSS Providers: Instructions for Completing the Criminal Background Investigation (CBI)***

State law requires all IHSS homecare providers to submit their fingerprints and undergo a criminal background investigation (CBI), administered by the California Department of Justice (DOJ), as a part of the mandatory enrollment process for providers. Enclosed in this packet are the materials you will need for the CBI. Below are questions, answers, and important instructions regarding this process. Read them carefully, and make sure to follow them.

### **1. When do I need to get my fingerprints taken?**

You must complete the enrollment process, which includes attending an orientation, completing the state-required enrollment form and agreement, submitting your fingerprints for the CBI, and passing the CBI review of your record, ***before you can be authorized to be paid*** through the IHSS Program.

*Note:* If you work for more than one consumer, you will only need to submit your fingerprints and pass the CBI process one time.

### **2. Where do I get my fingerprints taken?**

You can have your fingerprints taken at any DOJ-approved Live Scan site throughout L.A. County. A list of sites can be found on the DOJ website at [www.oag.ca.gov/fingerprints/locations](http://www.oag.ca.gov/fingerprints/locations). Check the list and select the location that is most convenient.

You must call your selected site and make an appointment to have your fingerprints taken.

### **3. Who pays for the fingerprinting/CBI process?**

State law requires that you, the IHSS provider, pay for the fingerprinting and CBI process. When you go to the Live Scan location, you must pay a \$32 criminal background investigation transaction fee plus another fee for the actual Live Scan, which may bring the total charges to as much as \$70. The fees for Live Scan sites vary from location to location, and some sites only accept cash, while others may accept checks, credit cards, or debit cards. Be sure to ask, before you go, about the charges and accepted methods of payment for your preferred site.

### **4. What must I take with me to my Live Scan fingerprinting site?**

- ◆ Payment as described in item #3 above

- ◆ The enclosed *Request for Live Scan Service* form, completed in duplicate. Complete the middle section of each form starting with “Last Name” and ending with “Zip Code.” Disregard “Billing Number” and “Misc. Number.” Take both copies with you to the Live Scan location. You can only use the *Request for Live Scan Service* form provided by PASC. If you do not, PASC will not receive the CBI results, and you will have to get your fingerprints taken again at your own expense;
- ◆ Your photo ID (valid driver license, or valid California ID)
- ◆ Your Social Security card

## **5. What happens at the Live Scan site?**

A technician will make a record of your fingerprints. Once you have completed the Live Scan, the site should return one copy of the *Request for Live Scan Service* form to you. Keep the copy for your records.

## **6. What if I have already had a CBI done?**

Even though you may have had a CBI done previously for other reasons (i.e., for professional certification, immigration, other types of jobs, etc.), you are still required to undergo a new CBI for employment as an IHSS homecare provider.

## **7. How long does the fingerprinting process and CBI take?**

Once you have submitted your fingerprints at the Live Scan site (which should only take a few minutes), you should wait at least one week and then check the status of your criminal background investigation at: <https://applicantstatus.doj.ca.gov>.

If you have any questions about these instructions, please call (877) 565-4482.

## **8. How will I be notified the results of the Live Scan?**

Applicants who have a recipient they will work for, and have completed all provider enrollment requirements, will be sent form SOC848, In-Home Supportive Services Program Notice of Provider Eligibility. Applicants who fail the background check will receive a letter from PASC, including all required documentation.

## **9. What if I do not have a recipient to work for?**

**Only** those applicants not working for a recipient will need to wait three weeks and call (877) 565-4482 for their results. To join the PASC Registry and be referred to recipients in need of a provider, call (877) 565-4477.

## **10. How will I know when I am officially enrolled as an IHSS provider?**

Applicants who are officially enrolled as an IHSS provider will receive form SOC848, In-Home Supportive Services Program Notice of Provider Eligibility, from the California Department of Social Services. You are now ready to work and get paid as an IHSS provider.



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A1934 \_\_\_\_\_ ELDER CARE \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_  
 IHSS CARE PROVIDER \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

### Contributing Agency Information:

PERSONAL ASSISTANCE SERVICES COUNCIL (PASC) \_\_\_\_\_ 07189 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 3452 E. FOOTHILL BLVD., SUITE 900 \_\_\_\_\_ CW \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 PASADENA \_\_\_\_\_ CA 91107 \_\_\_\_\_ (877) 565-4482 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name: (AKA or Alias) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Sex  Male  Female \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number Applicant to pay \_\_\_\_\_  
 (Agency Billing Number) \_\_\_\_\_  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number Not Applicable \_\_\_\_\_  
 (Other Identification Number) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



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 Other Name: (AKA or Alias) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Sex  Male  Female \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number Applicant to pay \_\_\_\_\_  
 (Agency Billing Number) \_\_\_\_\_  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number Not Applicable \_\_\_\_\_  
 (Other Identification Number) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
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