CALIFORNIA DEPARTMENT OF JUSTICE

ORI Notification Packet
for
Individuals utilizing an
In-Home Supportive Services Care Provider
Pursuant to
Welfare and Institutions Code 15660

ELDER CARE EOMPLOYERS
WELFARE AND INSTITUTIONS CODE 15660

Please read this packet thoroughly as is contains information you will need to begin utilizing applicant live scan. Included are all of the appropriate DOJ forms you will be utilizing.

Background

The California Department of Justice (DOJ), Bureau of Criminal Information and Analysis (BCIA) provides state summary criminal history information to employers of persons who are non-licensed and providing non-medical domestic or personal care to an aged or disabled adult in the adult's own home. This also includes applicants for In-Home Supportive Services or personal care services under Medi-Cal program administered by individual county agencies pursuant to Section 15660 of the Welfare and Institutions Code. No Federal Bureau of Investigation (FBI) background checks can be requested pursuant to this law.

As defined:

> "Elder" means any person residing in this state, 65 years of age or older;
>
> "Dependent Adult" means any person residing in this state between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activites or protect his or her own rights.

The DOJ releases information pursuant to Penal Code section 11105(n) and is restricted to arrests resulting in conviction or arrests which are pending adjudication for the crimes as specified in Welfare and Institution Code Section 15660.

"Request for Live Scan Service" Form (BCII 8016) for IHSS

Effective July 1, 2005, all applicant fingerprint submission must be transmitted electronically to the DOJ. The standard form available from the DOJ for requesting live scan service is the "Request for Live Scan Service" Form (BCII 8016). You must complete one form per applicant and 3 copies must be printed out for each individual to be taken to the live scan site for fingerprinting.

A copy of the BCII 8016 is included within this packet. The BCII 8016 contains an applicant's personal descriptor information along with your related data. This information along with an applicant's fingerprint images, are necessary for a live scan transaction to be submitted to the DOJ.

Please Note: The Employer Field on the BCII 8016 Form is a REQUIRED Field. As the employer, please enter your name, address, city, state and zip code. The DOJ utilizes these fields in order to accurately mail the DOJ Response to your address.

Applicant Processing Fees

Once you have provided the necessary form to your applicant, he/she can determine where to be fingerprinted. The DOJ applicant processing fee for Elder Care license is $32, which is payable by you or the applicant at the live scan site.

Fingerprinting services are available at most local police departments, sheriff's offices or any public applicant Live Scan site. To find the sites nearest to your agency and a listing of their rolling fees, see http://ag.ca.gov/fingerprints/publications/contact.php

Please note: The applicant must present valid photo identification when being fingerprinted. Expired identification information will not be accepted. In addition, the live scan site charges a fee for rolling the fingerprints of the applicant.

Applicant Background Check Status Inquiries

Due to the on-going fiscal crisis and hiring restrictions within State government, the California DOJ no longer has the resources to take phone calls or process follow-up inquiries from regulatory entities or individuals who have submitted a criminal offender record information search request through the DOJ or the Federal Bureau of Investigation (FBI).

Please utilize or advise your clients to use the automated Integrated Voice Response System (IVRS) at (916) 227-4557 to determine the status of the background check if the requesting agency does not have results within seven days and digital Live Scan fingerprints were submitted.

You will need the following information:

(1) the applicant's date of birth; and
(2) the 10-digit Automated Transaction Identifier (ATI) number that appears at the bottom of the DOJ form (BCII 8016) requesting Live Scan fingerprint background checks. The ATI number always appears in the following sequence: 1 LETTER; 3 NUMBERS; 3 LETTERS and 3 NUMBERS.

No Longer Interested (NLI) Form

It is your responsibility to immediately notify the DOJ when an applicant’s employment has been terminated, if they were not hired or when an applicant or volunteer is not actually retained to the position for which they applied. Included in this packet is the NLI form you will complete and return to the DOJ for these purposes.
Attorney General’s Website

The Attorney General’s website located at the following URL

The Attorney General’s website located at the following URL: http://ag.ca.gov/fingerprints/agencies.php is an additional resource for your agency, which provides a wealth of information including Frequently Asked Questions, all the forms contained in this notification packet, contact information, locations of live scan sites and other important DOJ forms you may need for processing background requests.

STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Print Form Reset Form

Applicant Submission

CA0349400
ORI (Code assigned by DOJ)

ELDER CARE
Authorized Applicant Type

ELDER CARE LICENSE
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DEPARTMENT OF JUSTICE
Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

4949 BROADWAY
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SACRAMENTO
City

CA
State

95820
ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name (AKA or Alias)
Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City

State

ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ 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

Mail Code (five digit code assigned by DOJ

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

NO LONGER INTERESTED (NLI) NOTIFICATION (FOR NON-DEPARTMENT OF JUSTICE APPLICANTS)

California Penal Code section 11105.2(d) states, in part, that any agency which submits the fingerprints of applicants for employment or approval to the Department of Justice for the purpose of establishing a record of the applicant to receive notification of subsequent arrests, shall immediately notify the department when employment is terminated or the applicant is not hired.

It is the responsibility of hiring/approving authority to notify the Department of Justice, Bureau of Criminal Information and Analysis when employment has been terminated or when an applicant or volunteer is not actually retained to the position for which they applied.

REASON FOR THE NLI NOTIFICATION:

- ☐ APPLICANT NOT HIRED
- ☐ APPLICANT'S EMPLOYMENT WAS TERMINATED
- ☐ APPLICANT'S LICENSE OR CERTIFICATION WAS DENIED OR REVOKED
- ☐ OTHER - EXPLAIN _____

APPLICANT INFORMATION (Please type or print in ink):

*NAME (MANDATORY):		
LAST	FIRST	MIDDLE
ALIASES (MAIDEN NAME, AKAs)		
LAST	FIRST	MIDDLE
SEX	*DATE OF BIRTH (MANDATORY)	SOCIAL SECURITY NUMBER
*APPLICATION TYPE (MANDATORY) (Specific to requesting agency i.e., credentialed, classified, volunteer, non-sworn, license, permit, peace officer, etc.)		

AGENCY INFORMATION:

*AGENCY NAME AND ADDRESS (MANDATORY)	AGENCY ORI (IF KNOWN)
CONTACT PERSON	

*** FORM MUST BE FILLED OUT COMPLETELY TO ENSURE TIMELY PROCESSING.**

Mail or Fax this notification to:

DEPARTMENT OF JUSTICE
BUREAU OF CRIMINAL INFORMATION AND ANALYSIS
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

TELEPHONE (916) 227-0157
FAX (916) 227-4722