SUBSTITUTE AGENCY SUBSEQUENT NOTIFICATION TRANSFER APPLICATION

This form is for use by the California Department of Social Services (DSS), county offices with DSS-delegated licensing authority, and county offices with clearance and exemption authority pursuant to Welfare and Institutions Code (WIC) section 16519.5 to request the transfer of subsequent arrest, disposition, and Child Abuse Central Index (CACI) notifications. The Department of Justice is authorized pursuant to Health and Safety Code section 1522(h)(4), to process transfer requests for the original applicant types (reason fingerprinted) identified. The application must be complete, with a billing number included. Incomplete applications will be denied and returned to the agency requesting the transfer. The request for transfer may be resubmitted one time for corrections, with no additional fee, by resubmitting the initial application only.

For reference, "transfer" type requests must be for the same applicant type as the type for which the original clearance was obtained. "Conversion" type requests (existing foster family homes and non-relative extended family members homes "converting" to resource family homes) are permissible pursuant to WIC 16519.5 (p)(6)(A). Existing resource family home transfers (resource family to resource family) are permissible pursuant to WIC 16519.5 (j)(2)(A).

Applicant Information (Please type or print in ink) ☐ *Check if re-submission

FULL NAME (Required):		
LAST	FIRST	MIDDLE
ALIASES (MAIDEN NAME, AKAs)		
LAST	FIRST	MIDDLE
GENDER ☐ MALE ☐ FEMALE	DATE OF BIRTH (Required)	RESOURCE FAMILY CONVERSION ☐ YES ☐ NO
ORIGINAL APPLICANT AGENCY ORI (Required)	ORIGINAL APPLICATION TYPE (Reason Fingerprinted) ☐ Foster Family Home (1522 HSC) ☐ Resource Family* (16519.5 WIC) ☐ Relative/Child Placement (16504.5 WIC) ☐ Foster Care Mentor/Volunteer (HSC 1522.06)	*Note: "Converted" Resource Family Homes continue to be tracked as the original applicant type for future transfers.
DATE FINGERPRINTED (If Known)		

Substitute Agency Requesting Subsequent Notification Transfer Information

AGENCY ORI (Required)	AGENCY NAME (Required)	AGENCY ADDRESS *(Street or P.O. Box, City, State, ZIP Code)*
CONTACT NAME (Required)	PHONE NUMBER (Required)	BILLING CODE (Required)

Substitute agency requesting subsequent notification transfer must submit this application to:

California Department of Justice
Bureau of Criminal Information and Analysis
Attn: Child Abuse Central Index Response Unit
P.O. Box 903417
Sacramento, CA 94203-4170

FOR DOJ USE ONLY

Request Denied

☐ Fee not received/incorrect billing code
☐ App type not the same as original
☐ Required data missing: _____
☐ Original background check request not on file
☐ CACI check not on file — Form **LIC 198** Required

Date application returned: _____

Request completed

Date ACHS Updated: _____
Date CACI Completed: _____
Date Substitute Agency Notified: _____

Application processed by: _____

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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 Health and Safety Code section 1522(h)(4). The CJIS division uses this information for the transfer of subsequent notifications for applicants fingerprinted by the Department of Social Services (DSS), or a county office with clearance and exemption authority, or a county office with DSS-delegated licensing authority. 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 (besides the optional social security number) requested in the form must be provided. Failure to provide the requested information can result in your application not being processed.

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 your application, we may need to share the information you give us with the DSS.

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 form or access to your records, you may contact the Staff Services Manager I in the Applicant Program by phone at (916) 210-4092, by email at **CACI-Inquiry@doj.ca.gov**, or by mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
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Sacramento, CA 94203-4170