



TRUSTLINE REGISTRY

The California Registry of In-Home Child Care Providers Subsidized Application



WHAT IS THE TRUSTLINE REGISTRY?

TrustLine was created by the California Legislature to offer parents, employment agencies, child care resource and referral programs, and child care providers access to a background check conducted by the California Department of Social Services (CDSS). This includes a check of the California Criminal History System and Child Abuse Central Index (CACI) at the California Department of Justice (DOJ) and a check of Federal Bureau of Investigation (FBI) records. The TrustLine Registry is maintained by CDSS and may be checked through the California Child Care Resource and Referral Network (CCCRRN) by calling 1-800-822-8490.

The CDSS, the CCCRRN, local child care resource and referral programs, parents and child care providers have worked together to develop the TrustLine Registry. The TrustLine Registry is made up of child care providers who have submitted an application to CDSS and their fingerprints to the Department of Justice background clearance process. Individuals listed on TrustLine do not have: 1) disqualifying criminal convictions listed on the California Criminal History System; 2) substantiated reports of child abuse listed on the CACI and 3) disqualifying criminal convictions listed on the FBI Criminal History system. All reports of child abuse found in the CACI will be confirmed with local contributing Child Protective Agencies before they are used to evaluate a TrustLine applicant.

TrustLine is for parents and for in-home and license exempt child care providers. An in-home child care provider provides care in the child's home (i.e., babysitters, nannies, au-pairs). A license-exempt child care provider is an individual who provides child care in his or her own home and is not required to be licensed by the CDSS.

HOW TRUSTLINE BENEFITS PARENTS

Parents know they must be very thorough when selecting someone to care for their child. They interview carefully, check references and evaluate the provider's character using their own good judgment. The TrustLine Registry gives parents one more tool to use when it comes time to choose a child care provider.

Parents can call 1-800-822-8490 between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday to determine if the child care provider s/he is considering has registered with TrustLine. If the individual has not yet registered, information on how a provider can apply to TrustLine will be provided.

HOW TRUSTLINE BENEFITS PROVIDERS

When you interview with parents as a caregiver for their children, you answer questions and supply references. Being registered on TrustLine offers added reassurance and demonstrates to parents that you are serious about your profession as a child care provider.

If no disqualifying criminal convictions are found on the California Criminal History System, and no reports of substantiated child abuse are found on the Child Abuse Central Index, your name will be placed on the TrustLine Registry pending the FBI check. If you are not listed on the TrustLine Registry because of disqualifying criminal history information or a substantiated child abuse report, the CDSS offers an appeal process to allow you to demonstrate your good character. If the appeal is decided in your favor, you will be placed on the TrustLine Registry.

Once you are registered with TrustLine, failure to notify the TrustLine Registry Program of a change of mailing address within 10 days of your move will result in your name being removed from the Registry.

For more information call TRUSTLINE at 1-800-822-8490.

HOW TO APPLY

To become listed on the TrustLine Registry, you must complete the attached application TLR 1 and the TrustLine Registry Criminal Record Statement (TLR 508). Please follow the fingerprint instructions below for either the Live Scan Process, Transfer Process, or the Out-Of-State Residents Only Process.

LIVE SCAN PROCESS - Complete this application form (TLR 1). Schedule an appointment to have your fingerprints scanned with either the Community Care Licensing (CCL) Live Scan vendor at **1-800-315-4507** or at a local Department of Justice Live Scan site - either a Police Department or Sheriff's Office. (For a list of LiveScan locations, refer to <http://caag.state.ca.us/fingerprints/index.htm>). Take this application form with you to the Live Scan site. After you've had your fingerprints live scanned, submit the completed TrustLine application form (TLR 1) and the TrustLine Registry Criminal Record Statement (TLR 508) form to the address listed in Box 11 on the TrustLine application form or contact **1-800-822-8490** for information. You must contact the CCL Live Scan site at least 24 hours in advance if you are unable to keep your appointment. Failure to do so will result in a fee upon your rescheduled appointment.

Most law enforcement sites will require the use of the Request for Live Scan Service form (TLR 9163) so take the TrustLine Registry Application (TLR 1) and two copies of the TLR 9163 with you when you get fingerprinted. The law enforcement office will keep one of the TLR 9163 forms for their records.

If you do not bring your application with you to your fingerprinting appointment, you will not be fingerprinted.

Processing Fees:

- Community Care Licensing Live Scan site: There will be no fee charged.
- Police or Sheriff's Live Scan site: The only fee charged will be the cost of having the prints rolled or scanned. This fee varies by site and is paid to the law enforcement agency. No other fees will be charged.

TRANSFER PROCESS - If you are currently licensed by the Community Care Licensing Division or working in a facility licensed by Community Care Licensing, you may transfer your criminal history clearance from Community Care Licensing Division to the TrustLine Registry Program. Check the appropriate boxes in section 8 and submit the completed TrustLine application form (TLR 1) and the TrustLine Registry Criminal Record Statement (TLR 508), along with a photocopy of your I.D. to the address listed in Box 11 of the TrustLine application form or contact **1-800-822-8490** for information. If you are transferring your background clearance from a non-child care facility type, a Child Abuse Central Index check will be conducted. NOTE: A transfer is not possible from county licensed facilities.

OUT-OF-STATE RESIDENTS ONLY PROCESS - Complete this application form (TLR 1) and the TrustLine Registry Criminal Record Statement (TLR 508). Have your fingerprint impressions placed on one TrustLine fingerprint card (FD 258) by a local law enforcement agency or fingerprint service. Submit the completed application and fingerprint card to the address listed in Box 11 on the TrustLine application form or contact **1-800-822-8490** for information.

Processing Fees: The only fee charged will be the cost of having the prints rolled or scanned. This fee varies by site and is paid to the law enforcement agency or fingerprint service. No other fees will be charged.



TRUSTLINE REGISTRY
IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER PROGRAM
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
BACKGROUND CHECK APPLICATION



(See the next page for further instructions. Use a ball point pen and print clearly.)

1. NAME: LAST FIRST MIDDLE

2. LIST ALL OTHER NAMES YOU HAVE EVER USED, SUCH AS MAIDEN OR ALIASES. (AKAs)

3. RESIDENCE ADDRESS: STREET APT# CITY STATE ZIP CODE COUNTY

4. MAILING ADDRESS (IF DIFFERENT): P.O. BOX/STREET APT# CITY STATE ZIP CODE COUNTY

5. DATE OF BIRTH SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR

6a. SOCIAL SECURITY NUMBER (Voluntary)

6b. DRIVER'S LIC OR ID# / ALIEN REG/OUT-OF-STATE ID# (Required)

7. TELEPHONE NUMBERS: (Include Area Code)
 DAY: EVENING:

8. **TRANSFER PROCESS:** Are you currently licensed or working in a facility licensed by the California Department of Social Services Community Care Licensing or have you worked in a licensed facility within the last three years? YES NO
 If Yes, do you want to transfer your Criminal History clearance from Community Care Licensing to TrustLine? YES NO
 (If Yes, fingerprints are not required.) Enter the Facility number. **Facility # or Personnel Identification #** _____
 (Include photocopy of I.D.)

9. _____
 SIGNATURE (REQUIRED) DATE (REQUIRED)

10. THE COMPLETED TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508) MUST BE INCLUDED WITH YOUR APPLICATION

11. Return this application and the TLR 508 to this address.
 California Rural Indian Health Board, Inc
 4400 Auburn Blvd., 2nd Floor
 Sacramento, CA 95841

12. **County Welfare Department Stage 1 and Cal Learn ONLY**
 County: _____ County ID: 2
 CalWORKs Child Care Program: Stage 1 _____ Cal Learn _____
 Case Number(s): 1) _____ 2) _____
 County Worker Name: _____
 Worker Phone No: _____ PRINT Date: _____ SIGNATURE

13. **Child Care Resource and Referral/Alternative Payment Program Use Only**
 Payment Program: Stage 1 _____ Stage 2 _____ Stage 3 _____ CCDBGAPP GFAPP _____
 County: Sacramento ID# 34
 Child Care Resource and Referral Program: Child Action ID# 43
 Alternative Payment Program (including CWDs w/APP contracts with CDE and Community Colleges): CRIHB ID# 140
 Case number(s): 1) _____ 2) _____
 County Worker Name: (If Applicable) _____ Worker Phone # _____

14. **OFFICIAL USE ONLY - LIVE SCAN**
 ORI: A1157
 Applicant Type: CalWORKs/CDE
 Working Title: Child Care Provider (Health & Safety Code 1596.603)

15. **Agency Address Set Contributing Agency:**
 CA Dept of Social Services

Agency authorized to receive criminal history information	03502	100126
	Mail Code (five-digit code assigned by DOJ)	Billing Code
<u>P.O. Box 944243</u> <u>Mail Station 9-15-57</u>	N/A	
Street No. Street or PO Box	Contact Name (Mandatory for all school submissions)	
<u>Sacramento</u> <u>CA</u> <u>94244-2430</u>	N/A	
City State Zip Code	Contact Telephone No.	

16. Live Scan Transaction Completed by: Name of Operator _____ Date _____

Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed
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TRUSTLINE REGISTRY APPLICATION**INSTRUCTIONS FOR SUBSIDIZED APPLICANTS**

PRINT ALL INFORMATION EXCEPT SIGNATURE (The numbers listed below correspond to the numbered boxes on the application form.)

1. Print your full legal name. Do not use nicknames. The printed name and the signature on the application and the fingerprint card must be the same. *NOTE: We recommend that you use the name that is on your identification card. If your I.D. lists your maiden name but you are using a married name, use the married name as the main name and the maiden name as the AKA. If your signature is missing on the application or fingerprint card, 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 including your zip code and county. *NOTE: City names must be spelled out. Abbreviated city names will not be accepted. If you are using a fingerprint card to submit your prints, make sure your full residence address is listed.*
4. Print your complete mailing address including your zip code and county, if different than residence address. **Once you are registered, failure to notify the TrustLine Registry Program of a change of mailing address within 10 days of your move will result in your name being removed from the Registry.**
5. List your date of birth, sex ("M" for male or "F" for female), height, weight, eye color, and hair color. *NOTE: You must be 18 years of age or older to apply for the TrustLine Registry.*
6. a) Print your social security number (SSN). 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 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 1596.603). 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.
- b) Print your identification number, which is required. *NOTE: You must list one of these four I.D.s: California Driver's License; California I.D. Card; Alien Registration Card; or a numbered, picture I.D. issued from a state other than California. If the application has only a SSN without one of the four acceptable I.D.s, it will be returned.*
7. List a daytime and evening telephone number.
8. **TRANSFER PROCESS:** Mark the appropriate boxes **Yes or No**. If you marked yes, fingerprints are not required.
9. You must sign and date the application. If your signature and date are missing, the application will be returned as incomplete.
10. **APPLICANT** - You must answer the questions on the **TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508), Page 1**. If you answered NO to both questions, you must: print your name; provide your address, city, zip code; social security number (voluntary); California Driver's License Number, or California ID number, or alien registration number, or a numbered, picture ID issued from a state other than California. You must sign and date Page 1.
NOTE: IF YOU ANSWERED YES TO BOTH QUESTIONS, YOU MUST COMPLETE THE INFORMATION ASKED ON PAGE 2. YOU MUST ALSO SIGN AND DATE PAGE 2.

AFTER YOU COMPLETE THE TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508), YOU MUST RETURN IT TO THE AGENCY YOU OBTAINED THIS APPLICATION FROM. YOU CAN OBTAIN THE ADDRESS OF THAT AGENCY BY LOOKING IN BOX 11. IF YOU DO NOT RETURN THIS FORM, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. YOUR NAME WILL NOT BE PLACED ON THE TRUSTLINE REGISTRY UNTIL YOU SUBMIT THE TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508).

Applicant have you.....

- 1) Used exactly the same name on page 3 of the application form and the TrustLine Registry Criminal Record Statement (TLR 508) and on the fingerprint card, if a fingerprint card is used.
- 2) Included the appropriate identification number (i.e. California Driver License)?
- 3) Had your prints taken on an FD-258 fingerprint card or submitted your prints through Live Scan?
- 4) Signed and dated the application?
- 5) Completed and signed the Trustline Registry Criminal History Statement (TLR 508) on both sides of the form if necessary?

OFFICIAL USE ONLY

11. Resource & Referral (R&R) or Payment Program (CWD or APP) address.
12. **County Welfare Offices - Instructions**
 - a) Fill in County and County I.D. number.
 - b) Place a check after the program that is funding the child care: CalWORKs Child Care Program Stage 1 or Cal Learn.
 - c) Fill in the family's case number assigned by the County Welfare Department.
 - d) Enter the worker's name, phone number and signature on the lines provided. (If the R&R is completing this section using the TrustLine referral form, the county case worker signature is not required.)
 - e) Have applicant complete and sign the TLR 508.
13. **Resource & Referral/Alternative Payment Program - Instructions**
 - a) Place a check after the program that is funding the child care: Stage 1, Stage 2, Stage 3, CCDBGAPP (Including local FBG) and GFAPP (General Fund APP and Respite).
 - b) Complete the county, R&R and APP with appropriate I.D. numbers including the Community Colleges.
 - c) Enter the case number if the Payment Program assigns a case number for tracking purposes.
 - d) If this is a referral from CWD, include worker name and phone number.
 - e) Have the applicant complete and sign the TLR 508 and forward to CDSS along with the application.

OFFICIAL USE ONLY - LIVE SCAN

14. Originating Reponse Indicator (ORI): This information is pre-printed on the form.
15. Agency Address Set Contributing Agency: This is the agency authorized to receive criminal history information. This information is pre-printed on the form. Enter billing code.
16. Live Scan Transaction Completed by: This section to be completed by the Live Scan operator.

NOTE: YOU MUST BRING THIS FORM WITH YOU THE DAY YOU ARE FINGERPRINTED. IF YOU WANT A COPY OF THIS FORM FOR YOUR RECORDS, YOU MUST MAKE A COPY OF THE COMPLETED FORM AND TAKE IT WITH YOU TO YOUR APPOINTMENT.

TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT

State law requires that TRUSTLINE REGISTRY APPLICANTS 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

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

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, OR TRUSTLINE REGISTRY APPLICATION DENIAL.

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.			
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	CALIFORNIA DRIVER'S LICENSE OR IDENTIFICATION NUMBER	
SIGNATURE		DATE	

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:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

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** _____

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 PLACED ON THE TRUSTLINE REGISTRY, the law requires that you complete a criminal background check. (Health and Safety Code Sections 1522 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.

If you have any questions about this form, please contact THE CALIFORNIA CHILD CARE RESOURCE AND REFERRAL NETWORK AT 1-800-822-8490.

**REQUEST FOR LIVE SCAN SERVICE
FOR SUBSIDIZED TRUSTLINE REGISTRY APPLICANTS**

**ORIGINAL-Requesting Agency
COPY-Applicant**

Applicant Submission

1. ORI: A1157 Applicant Type: CalWORKs/CDE	
2. Working Title: Child Care Provider (Health & Safety Code 1596.603)	
3. Agency Address Set Contributing Agency:	
CA Dept of Social Services	03502
Agency authorized to receive criminal history information	Mail Code (five-digit code assigned by DOJ)
744 "P" Street (This is not a Live Scan site. Call 1-800-315-4507)	N/A
Street No. Street or PO Box	Contact Name (Mandatory for all school submissions)
Sacramento CA 95814	() N/A
City State Zip Code	Contact Telephone No.

4. Applicant Information:

Name of Applicant: (Please print) _____
LAST FIRST MI

AKA's _____ CDL No. _____
LAST FIRST

DOB: _____ SEX: Male Female Misc. No. **BIL- NA**
AGENCY BILLING NUMBER (IF APPLICABLE)

HT: _____ WT: _____ Misc. No.: _____
ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.

POB: _____ Home Address: (All applicants must complete)

HAIR: _____ EYE: _____
STREET OR PO BOX

SOC No. _____
(See Privacy Statement on next page) CITY, STATE AND ZIP CODE

5. **OCA Number:** TLR Level of Service DOJ FBI

If resubmission, list Original ATI No. _____
(must present proof of rejection)

6. **NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS**

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/A
Employer Name

N/A **N/A**
Street No Street or PO Box Mail Code (five-digit code assigned by DOJ)

N/A **N/A**
City State Zip Code Agency Telephone No. (Optional)

7. Live Scan Transaction Completed By: _____ Date _____
NAME OF OPERATOR

Transmitting Agency LSID# ATI No. Amount Collected/Billed

TRUSTLINE SUBSIDIZED APPLICANTS

Instructions for Completing the Request for Live Scan Service Form

A. Complete this form and the TrustLine Application Form (TLR 1).

Schedule an appointment to have your fingerprints scanned with either the Community Care Licensing Live Scan vendor at **1-800-315-4507** or at a Department of Justice Live Scan site -- either a Police Department or Sheriff's Office (refer to <http://caag.state.ca.us/fingerprints/index.htm>).

1 to 3 are pre-printed.

4. Applicant Information:

Name of Applicant: Print your full name (last, first, middle initial)

AKA's: Other names that you have ever used

CDL No: CA Driver's License or CA ID

DOB: Date of Birth

SEX: Male or Female

MISC No. BIL: N/A (Pre-Printed)

HT: Height

WT: Weight

MISC No.: Enter Alien Registration, Out of state driver's license or ID

POB: State or Country of Birth

Home Address: Applicant's home address; Street or PO Box; City, State, Zip Code

HAIR: Color of hair

EYE: Color of eyes

SOC No.: Social Security Number (Optional, see Privacy Statement below)

5. The first part of the section is pre-printed. If resubmission, list Original ATI No.

If your fingerprints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.

6 is pre-printed.

B. CALL THE LIVE SCAN SITE TO MAKE AN APPOINTMENT

7. Live Scan Transaction Completed by:

The Live Scan Operator will complete this section and keep a copy of the form.

It is important that you bring this form with you the day you are fingerprinted; the Live Scan Operator must complete 7. After you've had your fingerprints scanned, take a copy of the Live Scan Submission form along with the TrustLine Application form (TLR 1) and send or take it to the agency listed in 11 (unless otherwise instructed by CCRRN) of the TrustLine Application. You must call 24 hours in advance if you cannot keep the appointment. A no-show fee of \$5.00 will be charged for missed appointments.

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 approved, 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; Welfare and Institutions Code section 361.4). The licensing or approval agency 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 licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency 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.