HOME CARE ORGANIZATION ASSOCIATION REQUEST

The Home Care Organization (HCO) Association Request may only be used to request a criminal record clearance transfer between California Department of Social Services' licensed organizations/facilities and/or Trustline. Please fax this completed request, along with copies of driver's license or other valid photo I.D. for each individual listed, to (916) 322-6310 or mail to: California Department of Social Services, Home Care Services Bureau, 744 P Street, MS T8-3-90, Sacramento, CA 95814. If driver's license or photo I.D. is not submitted, the transfer will not be completed.

Please note: if this form is received for an individual with a criminal record exemption, the transfer will not be completed. To request an exemption transfer, please fax a completed LIC9188, LIC508, and copy of photo I.D. to the Caregiver Background Check Bureau at (916) 754-4589 for processing.

HOME CARE ORGANIZATION INFORMATION	
HOME CARE ORGANIZATION NAME	HOME CARE ORGANIZATION NUMBER
REPRESENTATIVE NAME	AREA CODE/TELEPHONE ( )

PLEASE ASSOCIATE THE FOLLOWING INDIVIDUALS TO THE ABOVE HCO:

NAME	PERSONNEL/ REGISTRATION ID NUMBER (PER ID)	DRIVERS LICENSE/ ID NUMBER	DATE OF BIRTH	PER TYPE: HCA (Home Care Aide) Or Employee

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

HOME CARE ORGANIZATION REPRESENTATIVE SIGNATURE	DATE