

# Safe Families for Children at Olive Crest (SFFCOC) Background Review and Fingerprint Clearances

California State law requires background checks for specified community care licensees, employees, volunteers, certified administrators, license exempt subsidized child care providers, and anyone who resides in a licensed facility (foster home) who is not a client. To secure the safety of children all persons working in any capacity with children, whether it be as a paid staff or volunteer, must first be “cleared” through the California Department of Justice (DOJ), Child Abuse Central Index (CACI) and the Federal Bureau of Investigation (FBI). Such a “clearance” is obtained by submitting fingerprints for investigation through the above mentioned state and federal agencies.

With the advancement of technology fingerprints are now submitted electronically. Electronic images and personal information are transferred through a process called “Live Scan”. This information is made available to state and federal agencies in a matter of seconds. Following an investigation, the results of the DOJ, CACI and FBI fingerprint checks are sent to Community Care Licensing (CCL) for review. CCL will either “clear” a person, request an “exemption” from Olive Crest on the behalf of a person whose fingerprints have not cleared due to past criminal activity, or deny an application altogether. (If you have an arrest in your history, and you are eligible for an “exemption”, the clearance process can take up to six—eight months to complete.)

Olive Crest requires three sets of fingerprints from its Safe Families applicants. The cost of fingerprinting is \$50-\$90 depending on the location you choose.

## **The Live Scan Procedure (Please Read Carefully)**

- 1) Obtain the Live Scan Application Submission form(s).  
The necessary application(s) are included with this cover sheet. Two forms are required per person for Safe Family parents.
- 2) Fill out the required form(s).
- 3) Schedule an appointment.
  - ◆ You may call an Identix Live Scan vendor at **1-800-315-4507** to schedule an appointment. (Ask which location is nearest you.) The appointment scheduler will ask you to provide the information on the Applicant Submission form(s). **Safe Families parents must schedule two: one for the “DOJ/CACI” clearance, and one for the “FBI” clearance. If asked it is the same as adoption.**
  - ◆ You may choose a local fingerprinting service.
- 4) Return your completed fingerprint forms to your Safe Families Case Coach. These “receipts” are required for tracking your fingerprint clearance.

**Schedule your appointment(s) as soon as possible.**

**Remember, you cannot be certified until ALL of the following prints have cleared!**

- Applicant #1 DOJ/CAI**
- Applicant #2 DOJ/CAI**
- Applicant #1 FBI**
- Applicant #2 FBI**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8018 (3/07)

**Applicant Submission**

ORI: A2671 Type of Application: License, Certification, Permit  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:  
OLIVE CREST FAMILY PRESERVATION 08854  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
2130 East Fourth Street Suite 200 Kellyn Arii  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
Santa Ana CA 92108 ( 714 ) 543.5437 x1234  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI  
 Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - BILL APPLICANT  
Agency Billing Number  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box  
 Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
 Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.) Level of Service:  FBI  DOJ  
 If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
Olive Crest Family Preservation  
Employer Name  
2130 East Fourth Street Suite 200  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)  
Santa Ana CA 92108 ( 714 )543.5437  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date  
 Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_