



TrustLine 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), which includes checks 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 (R&R) Network (1-800-822-8490).

The CDSS, the California Child Care R&R Network, 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 and their fingerprints to the CDSS TrustLine 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 California Child Abuse Central Index and 3) disqualifying criminal convictions listed on the Federal Bureau of Investigation Criminal History system. All reports of child abuse found in the Index 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 judgement. 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 with TrustLine, information on how a provider can apply for 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. By being listed on the TrustLine Registry you offer added reassurance and demonstrate to parents that you are serious about your profession as a child care provider. To become listed on the TrustLine Registry, you must complete the attached application and obtain two sets of your fingerprints. Send the completed application and the fingerprint cards to the California Department of Social Services, Attn: TrustLine Registry, 744 P Street, Mail Station 19-57, Sacramento, CA 95814. Please see box 10 on the instruction sheet for the TrustLine Registry processing fees. *Note: If you are using the Live Scan fingerprint imaging process, a Line Scan Submission form must be used in place of the fingerprint cards.*

If you are currently a CDSS licensed child care provider or working in a child care facility licensed by CDSS Community Care Licensing (CCL), you may transfer your criminal history clearance from CCL to TrustLine Registry. Fingerprints will not be required.

If no disqualifying criminal convictions are found on the California Criminal History System, and no substantiated reports of child abuse are found on the California Child Abuse Central Index, your name will be placed on the TrustLine Registry pending an FBI check. If you are not listed on the TrustLine Registry because of disqualifying conviction or child abuse record, 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.

**Please see the reverse side of this page for instructions regarding the completion of the TrustLine Registry application.
Use a ball point pen to complete the application.**

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

TRUSTLINE REGISTRY APPLICATION

INSTRUCTIONS FOR SUBSIDIZED APPLICANTS

NOTE: PRINT ALL INFORMATION EXCEPT SIGNATURE

- Box 1 Print your full legal name. Do not use nicknames. **On the application and fingerprint card, the printed name and signature must be the same.**
- Box 2 List all other names you have ever used.
- Box 3 Print your full residence address.
- Box 4 Print your full mailing address, 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, will result in your removal from the Registry.**
- Box 5 List your date of birth, sex, height, weight, eye color, and hair color.
- Box 6 a) Print your social security number. ***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 Social Security Number (SSN) on this form. The requested SSN is voluntary. However, the TrustLine Registry is required to conduct a criminal record search by Health and Safety Code Sections 1596.603, 1596.871 and 1596.877, and failure to provide the SSN may delay the processing of this form and the criminal record search. Note: Pursuant to Civil code Section 1798.24(e), disclosure may be made to another state or law enforcement agency or governmental entity. No disclosure of personal information will be made unless permitted by the Federal Privacy Act and the California Information Act.***
- b) Print your identification number (i.e., California Driver's License, California Identification Number, Alien Registration Card Number, or Out-of-State (include the name of the state) Photo Identification Number).
- Box 7 List a day time and evening telephone number.
- Box 8 Are you currently a CDSS licensed child care provider or working in a child care facility licensed by CDSS Community Care Licensing? **Mark Yes or No.** If yes, do you want to transfer your criminal history clearance from Community Care Licensing to the TrustLine Registry? **Mark Yes or No.** If yes, submit the Facility number where you are licensed or currently working. Fingerprints are not required, however a copy of your photo ID must accompany the application.
- Box 9 Read instructions on the front of the application. **Your signature is required.**

OFFICIAL USE ONLY

- Box 10 Resource & Referral (R&R) or County Welfare Office address.
- Box 11 a) Fill in County and County ID 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. (Up to nine digits)
- 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.)
- Box 12 **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 ID numbers including the Community Colleges.
- c) Enter the case number if the Payment Program assigns a case number for tracking purposes.
- d) If a CWD is completing this box, include worker name and phone number and send the documents to the R&R.
- e) The R&R worker will sign the eligibility statement and forward the application to CDSS.

FINGERPRINT CARDS

Include two (2) completed fingerprint cards with the application. Please use only the fingerprint cards supplied with this application. Note: If you are using the Live Scan fingerprint imaging process, a Live Scan Submission form must be used in place of the fingerprint cards.



TrustLine

TRUSTLINE REGISTRY

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



(See the back of the cover sheet for further instructions. Use a ball point pen, press firmly 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#			
7. TELEPHONE NUMBERS: DAY:			EVENING:			

8. Are you currently licensed as a CDSS child care provider or working in a child care facility licensed by CDSS Community Care Licensing? Yes No
 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 #** _____

9. By submitting this application to the California Department of Social Services (CDSS), you are consenting to have the CDSS conduct a background examination for criminal convictions, and incidents of child abuse reported to the Child Abuse Central Index (CACI) maintained by the California Department of Justice (DOJ) and the Federal Bureau of Investigation. All reports of child abuse found in the CACI will be confirmed with the local contributing Child Protective Agency before a report is used to evaluate a TrustLine applicant. Upon becoming a registered TrustLine provider, your name will be entered onto the TrustLine Registry that is maintained by the CDSS. Further, your name will be recorded for purposes of subsequent reports of criminal convictions, and reports of child abuse sent to the CACI. Your status on the TrustLine Registry may be checked through the California Child Care Resource and Referral Network (1-800-822-8490) by parents, employment agencies and child care resource and referral agencies relative to the findings of the background examination, as permitted by law.

Have you ever been convicted of a criminal offense including entering a plea of Nolo Contendere or No Contest? (You must disclose any conviction which has been dismissed or removed under Penal Code section 1203.4). Have you ever been involved as a suspect in a child abuse investigation? **Yes** **No** If your answer is "yes" to either question, mark the "yes" box and attach a detailed statement describing the crime(s) and/or child abuse investigation, the approximate date, location, court, and the sentence, if any. Also, attach any relevant documents.

I understand that any false statements or declarations may result in the denial of my application. Therefore, I declare under penalty of perjury under the laws of the State of California that the information supplied on this application is true and correct. To verify that you have read and understood the above information, your signature is required.

Signature Date

Forward this application and two (2) completed fingerprint cards to the address listed in Box 10.

10.	11. County Welfare Department Stage 1 and Cal Learn ONLY	
	County: _____	County ID: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	CalWORKs Child Care Program: Stage 1 _____	Cal Learn _____
	Case Number(s): 1) _____ 2) _____	
	County Worker Name: _____	_____ PRINT SIGNATURE
Worker Phone No: _____		Date: _____

12. Child Care Resource and Referral/Alternative Payment Program Use Only

Payment Program: Stage 1 _____ Stage 2 _____ Stage 3 _____ CDBGAPP _____ GFAPP _____

County: _____ ID# _____

Child Care Resource and Referral Program: _____ ID# _____

Alternative Payment Program (including CWDs w/APP contracts with CDE and Community Colleges): _____ ID# _____

Case number(s): 1) _____ 2) _____

County Worker Name: (If Applicable) _____ Worker Phone # _____

Eligibility for participation in the subsidized TrustLine Program has been verified by the undersigned R&R staff.

R&R NAME (PRINT)

R&R SIGNATURE

DATE



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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#			
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8. Are you currently licensed as a CDSS child care provider or working in a child care facility licensed by CDSS Community Care Licensing? Yes No
 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 #** _____

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I understand that any false statements or declarations may result in the denial of my application. Therefore, I declare under penalty of perjury under the laws of the State of California that the information supplied on this application is true and correct. To verify that you have read and understood the above information, your signature is required.

Signature Date

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10.	11. County Welfare Department Stage 1 and Cal Learn ONLY	
	County: _____	County ID: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	CalWORKs Child Care Program: Stage 1 _____	Cal Learn _____
	Case Number(s): 1) _____	2) _____
	County Worker Name: _____	PRINT SIGNATURE
	Worker Phone No: _____	Date: _____

12. Child Care Resource and Referral/Alternative Payment Program Use Only

Payment Program: Stage 1 _____ Stage 2 _____ Stage 3 _____ CDBGAPP _____ GFAPP _____

County: _____ ID# _____

Child Care Resource and Referral Program: _____ ID# _____

Alternative Payment Program (including CWDs w/APP contracts with CDE and Community Colleges): _____ ID# _____

Case number(s): 1) _____ 2) _____

County Worker Name: (If Applicable) _____ Worker Phone # _____

Eligibility for participation in the subsidized TrustLine Program has been verified by the undersigned R&R staff.

R&R NAME (PRINT)

R&R SIGNATURE

DATE

FOR THE APPLICANT ONLY



TRUSTLINE REGISTRY

IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER PROGRAM

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

BACKGROUND EXAMINATION APPLICATION



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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
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6a. SOCIAL SECURITY NUMBER (Voluntary)	6b. DRIVER'S LIC OR ID# / ALIEN REG/OUT-OF-STATE ID#
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7. TELEPHONE NUMBERS: DAY: EVENING:

8. Are you currently licensed as a CDSS child care provider or working in a child care facility licensed by CDSS Community Care Licensing? Yes No
 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 #** _____

9. **TRUSTLINE REGISTRY USE ONLY:**

Date sent to Child Abuse Unit:

FOR DEPARTMENT OF JUSTICE USE ONLY:

No match to any report on file.

Unable to confirm a match to any report on file.

Letter enclosed regarding possible match.

10. **TRUSTLINE REGISTRY USE ONLY: (CDSS Clearance Transfer)**

CII Cleared? Yes No

FBI Cleared? Yes No

CACI Cleared? Yes No

_____ TrustLine Registrant Number _____ Date _____ TrustLine Employee Signature