SDP BACKGROUND CHECK PACKET

FMS Pay LLC • “Direct Care Services” • Background Check Instructions & Forms

Overview

Background checks are required by the Department of Developmental Services (DDS) for anyone providing “direct care services” to clients enrolled in the Self-Determination Program (SDP). This packet walks you through completing the paperwork, obtaining a LiveScan, and receiving DDS clearance to provide services. For more on the requirements, visit https://dds.ca.gov/initiatives/sdp/background-checks/

What are “direct care services”?

Assistance with dressing, grooming, bathing, or personal hygiene services.

Who needs a background check and DDS clearance?

Every individual providing direct care services. Clearances are specific to individuals, not companies — if an agency has multiple employees working with the client, each one must be cleared individually.

Who pays the LiveScan fees?

Per California Welfare & Institutions Code, the service provider (you or your company) pays all LiveScan/background check fees. FMS Pay LLC does not fund this. Fees may be a “business expense” — consult your tax advisor if appropriate.

Required forms — everyone completes these

Page 3 — **DS 229 – SDP Criminal Background Action Form (Rev. 02/2026)**

- Section 1: check ONE box — “Request a Criminal Record Clearance” is most common. If you already have DDS clearance, instead check “Add a new FMS” and write “FMS PAY LLC.”
- Section 2: complete the identifying information and select the “Direct Personal Care” option.
- Optional: supply your email address so DDS can reach you with any questions.

Page 4 — **DS 228 – Applicant Information Release**

- Print your name, sign, date, and indicate the city & county where signed.
- The date MUST match the date on the DS 6014 (page 6) to prevent processing delays.

Page 5 — **BCIA 8016 – Request for Live Scan Service**

- Required for all NEW clearances. Complete the Applicant Information section only, then sign and date.
- Do not modify the top section or Level of Service — both are pre-filled by DDS.
- Leave the Employer section blank (it does not apply to FMS Pay LLC) and leave the Live Scan Transaction section for the LiveScan operator.
- Bring the form to any LiveScan provider, complete fingerprinting, and pay the fees. Locations: https://oag.ca.gov/fingerprints/locations

Page 6 — **DS 6014 – Criminal Record Statement**

- Answer questions 1, 2, and 3, then print your name, address, DOB, and sign & date.
- The date MUST match the DS 228 above.
- If you answered YES to question 1 or 2, also complete a DS 6015 (pages 7–8) for each offense.

SDP BACKGROUND CHECK PACKET

FMS Pay LLC • Instructions continued

Conditional forms — only if a criminal record applies

Pages 7–8 **DS 6015 – Criminal History Statement (CONDITIONAL)**

- Complete one DS 6015 per offense, with a full explanation and the additional information requested.

Pages 9–10 **DS 224 – Confidential Employment and Personal Reference Survey (CONDITIONAL)**

- Completed by a reference, not the applicant.

STOP – do not fill these out by accident

The DS 6015 and DS 224 (pages 7–10) are ONLY needed if the applicant indicates they have a criminal record on the DS 6014. If that is not the case, leave pages 7–10 completely blank — completing them unnecessarily can delay processing. If a record does apply, it is better to be honest and explain ahead of time; being dishonest will reflect poorly when DDS decides whether to clear you.

Submitting your packet & what happens next

Email ALL completed and signed forms to connect@fmspay.com — do NOT send anything directly to DDS. DDS has established a process for FMS agencies to submit forms so they are tracked and clearances are returned timely.

FMS Pay LLC will email your forms to DDS via secured email. DDS receives your background check information from the DOJ & FBI in around 2 weeks. Please note that background checks may take up to 60 days to return a result, though most clean records clear timely. If all is cleared, DDS issues a clearance letter to you and FMS Pay LLC — once received, you may begin providing direct care services. Any concerns related to your background check will be communicated to you and FMS Pay LLC.

Key reminders

- The dates on the DS 228 and DS 6014 MUST match to prevent processing delays.
- Type into the fillable fields, then print and sign wherever a signature is required.
- The service provider pays any LiveScan fees. Locations: https://oag.ca.gov/fingerprints/locations
- Email ALL completed, signed forms to connect@fmspay.com – do NOT send anything directly to DDS.

Thank you for your cooperation with this important safety requirement and serving our SDP client!

Questions? Email connect@fmspay.com

SELF-DETERMINATION PROGRAM (SDP) CRIMINAL BACKGROUND ACTION FORM

INSTRUCTIONS:

Complete Sections 1 and 2. Completion of this form is required for all potential clearances to provide care or services pursuant to Welfare &Institution Code 4685.8 (w) as well as actions listed in Section 1 of this Action Form.

RETURN ALL FORMS TO YOUR FMS AGENCY:
This document along with the DS 228, DS 6014, and BCIA 8016 has to be submitted by your FMS

ALL SECTIONS MUST BE LEGIBLE AND COMPLETE AND RETURNED TO YOUR FMS AGENCY.

Section 1. ACTION REQUESTED

CHECK APPROPRIATE BOX BELOW AND COMPLETE SECTION 2

- ◯ Request a Criminal Record Clearance (*Attach completed forms DS 6014, DS 228, and copy of BCIA 8016 Request for Live Scan Service*).
- ◯ Name change/ Address update From_____ To _____
- ◯ Add a new FMS _____
- ◯ Transfer to_____ Effective Date_____ Prior FMS _____
  FMS Name *MM/DD/YYYY* *FMS Name*
- ◯ Withdraw Individual _____
  Effective Date

Section 2. IDENTIFICATION INFORMATION

FMS_____ Participant Regional Center _____

Applicant's Name _____ _____ _____
Last *First* *Middle Initial*

Street Address *(No P.O. Boxes)* _____

City/State_____ Zip Code_____ Phone Number _____

Date of Birth_____ CDL#/CA ID#_____ SSN _____
MM/DD/YYYY

Applicant will be providing: ◯ Direct Personal Care ◯ Other Service or support as requested by the participant or FMS

By providing my email, I consent to receiving email communications from DDS.

Email Contact Disclaimer

DDS will only contact you through email if we have questions regarding your background information.
DDS protects your information in accordance with applicable privacy and security standards.
DDS uses secure email systems to safeguard your information.
You may withdraw your consent or update your email address at any time by contacting our office.

APPLICANT INFORMATION RELEASE

I understand that:

- The Department of Developmental Services (DDS) takes very seriously any false or misleading information provided by an applicant in the Criminal Record Statement DS 5407 (FHA), DS 6014 (SDP), and/or any related materials or statements submitted by the applicant to the sponsoring Family Home Agency (FHA), Self-Determination Program (SDP), Financial Services Provider (FMS), and/or DDS.
- My submission of forms, materials, and/or statements containing false or misleading information will result in DDS' refusal to approve my application; and, if discovered after approval, will result in immediate termination of my approval.

I therefore give permission to DDS to verify and supplement:

- My declarations regarding prior criminal arrests and/or convictions and continuous California residence for at least the past two years, as contained in the DS 5407/DS 6014 signed on: _____; and any explanatory attachments to the Criminal Record Statements that I may provide.
- Any criminal history information which DDS has obtained, or may obtain, about me from the Department of Justice (DOJ) including, but not limited to, police departments, sheriffs' offices, and municipal and superior courts; any driver record information, which DDS has obtained, or may obtain, about me from the Department of Motor Vehicles; and any licensure and/or certification information which DDS has obtained, or may obtain, about me from DOJ or other sources.
- Any other information, which DDS has obtained, or may obtain, from the sponsoring Agency and/or other sources regarding my qualifications as a FHA/SDP applicant.

I also give permission for DDS to perform the above functions, as necessary, through written and/or oral contacts with:

- Those persons I have identified as employment and/or personal references.
- Licensure and/or certification agency staff who can verify my current and/or past status as a licensee and/or certificate holder in good standing.
- The Department of Justice; Department of Motor Vehicles; police departments; sheriffs' offices; municipal and superior courts;
- Any other person(s) responsible for maintaining documents necessary to investigate, verify, and supplement declarations I have made and/or information I and/or other persons have provided, or may provide, which are relevant to my FHA/SDP application.

I release from all liability, damages, or legal claims every person seeking or providing written and/or oral information in response to any written and/or oral request from DDS. A photocopy of this release shall be as valid as the original, and all persons providing information may rely upon such a copy. My signature certifies that I completed this release.

PRINT NAME CLEARLY	DATE OF SIGNATURE
SIGNATURE	AGENCY NAME
CITY/COUNTY WHERE SIGNED	AGENCY ADDRESS

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0533
ORI (Code assigned by DOJ)

Consultant Per WIC 4689.2
Authorized Applicant Type

WIC 4689.2
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Department of Developmental Services
Agency Authorized to Receive Criminal Record Information

05018
Mail Code (five-digit code assigned by DOJ)

1215 O Street, MS 6-30
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento
City

CA
State

95814
ZIP Code

(916) 654-3338
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name

First Name | Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City | State | ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City | State | ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

CRIMINAL RECORD STATEMENT

THIS STATEMENT MUST BE COMPLETED BY ANY PERSON OVER THE AGE OF 18 WHO IS APPLYING FOR A SELF-DETERMINATION (SDP) PROGRAM CLEARANCE. PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTION 4685.8(w).

Persons associated with the SDP Program are required to be fingerprinted and disclose any conviction(s). A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty.

1. Have you ever been convicted of a crime other than a minor traffic violation? (*Misdemeanors or Felonies*) ---------- YES ☐ NO ☐
2. Have you ever been convicted of a crime and had that conviction set aside under Penal Code Sections 1203.4 and/or 1203.4a? ---------- YES ☐ NO ☐
   Criminal convictions from another State, Federal or other countries court system are considered the same as criminal convictions in California.
3. Have you resided in any other State or Country within the last 2 years? ---------- YES ☐ NO ☐
   If YES, Prior residence: _____ CA residency date: _____

Examples of convictions are:

1. It happened a long time ago
2. It was only an infraction or 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

- If you answered NO to all questions above, complete below and return this page.
- If you answered YES to question 1 or 2, submit signed statement on the DS 6015 for each offense.
- If you answered YES to question (3) have FBI prints submitted from form BCIA 8016.

Return all documents to your FMS Agency

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) COULD RESULT IN A DENIAL OF YOUR EXEMPTION REQUEST OR EXCLUSION FROM THE OPS PROGRAMS.

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.

AGENCY NAME		REGIONAL CENTER	
YOUR NAME (PRINT CLEARLY)		DATE OF BIRTH	
YOUR ADDRESS	CITY		ZIP
SIGNATURE		DATE	

CRIMINAL HISTORY STATEMENT FORM

INSTRUCTIONS:
ALL Sections must be complete. Completion of this form is required for all potential clearances to provide care or services, that are requesting an exemption pursuant to Welfare & Institution Code 4689.2 (f).

Today's Date _____

SDP Agency _____

Applicant's Name _____

APPLICANTS MUST RETURN THIS FORM BY:
Mail: Department of Developmental Services, Office of Protective Services, 1215 O Street, MS 6-30, Sacramento, CA 95814
E-mail: sdpbackground@dds.ca.gov Fax: (916) 654-1918

ALL SECTIONS MUST BE LEGIBLE AND COMPLETE OR YOUR FORM WILL BE REJECTED

SECTION 1. CRIMINAL HISTORY

If necessary, please use additional paper for explanations below

Arrest/Conviction Date: Arresting Agency:

Full Explanation of the circumstance surrounding arrest(s)/conviction(s):

SECTION 2. ADDITIONAL INFORMATION

Current Employment (including how long you've been employed, any degree(s)/certificate(s) related to employment):

Steps Taken since arrest/conviction that show personal development and activities relevant to good character and justification for granting exemption (e.g., volunteer work, employment history, counseling, education, etc.):

Do you currently hold any other state department/private business clearances? (check all that apply)

- ☐ No
- ☐ CA Department of Social Services Clearance (please list type of clearance)

  _____
- ☐ Family Home Agency (CA Department of Developmental Services)
- ☐ Current Employment Clearance (please list company name and position for which you hold a clearance)

  _____
- ☐ Other (please list department/company name and position for which you hold a clearance)

  _____

How long have you worked with Regional Center Consumers to include licensed care, independent living, etc.?

What duties will you be performing for the client?

How long have you worked with this client?

How did you meet/come to work for this client?

Confidential Employment and Personal Reference Survey

Applicant	Reference Name
Applicant Telephone Number	Reference Address
Agency	Reference Telephone Number

1. How long have you known the applicant?

☐ 0 to 5 years ☐ 10 to 15 years ☐ 20 to 25 years ☐ 30 to 35 years
☐ 5 to 10 years ☐ 15 to 20 years ☐ 25 to 30 years ☐ Over 35 years

2. In which of the following roles have you had a relationship with the applicant?

☐ Relative ☐ Supervisor ☐ Student ☐ Fellow leisure participant
☐ Friend ☐ Colleague ☐ Doctor ☐ Fellow volunteer
☐ Neighbor ☐ Pastor ☐ Lawyer ☐ Fellow church member
☐ Employer ☐ Teacher ☐ Counselor ☐ Fellow organization member

3. In which of the following settings have you spent time with the applicant?

☐ My home ☐ Neighborhood ☐ School ☐ Leisure Sites
☐ Applicant's home ☐ Workplace ☐ Social Events ☐ Volunteer Sites
☐ Others' homes ☐ Church ☐ Hobby Sites ☐ Organization meetings

4. What is the length of the applicant's experience with persons with developmental disabilities?

☐ 0 to 5 years ☐ 10 to 15 years ☐ 20 to 25 years ☐ Over 30 years
☐ 5 to 10 years ☐ 15 to 20 years ☐ 25 to 30 years ☐ Don't know

5. The applicant may be responsible for dependably providing consumer services and supports, including meeting with other persons at scheduled times, and transporting the consumer to various locations.

a. **If you are an employment reference, please complete the following:**

The applicant worked for me from _____ / _____ to _____ / _____.

The applicant was late for work:

☐ 0 -1 time/month ☐ 2 -3 times/month ☐ 4 -5 times/month ☐ 6+ times/month

The applicant was absent from work:

☐ 0 -1 time/month ☐ 2 -3 times/month ☐ 4 -5 times/month ☐ 6+ times/month

b. Does the applicant use illegal drugs? ☐ Yes ☐ No ☐ Don't Know
c. Has the applicant used illegal drugs in the past? ☐ Yes ☐ No ☐ Don't Know
d. Does the applicant drive while under the influence of illegal drugs? ☐ Yes ☐ No ☐ Don't Know
e. Does the applicant drink alcoholic beverages? ☐ Yes ☐ No ☐ Don't Know
f. Does the applicant drive under the influence of alcoholic beverages? ☐ Yes ☐ No ☐ Don't Know
g. How would you rate the applicant's ability to handle stress?

	1	2	3	4	5	6	7	8	9	10	
Poor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Excellent

6. The applicant may be responsible for providing supportive services which encourage consumers to make individual choices. Please cite specific examples of your personal experiences, if any, with the applicant which demonstrate his/her strengths in the following areas:

Honesty: _____

Tolerance: _____

Cooperation: _____

Flexibility: _____

Determination: _____

Consideration: _____

Kindness: _____

7. Please describe any other activities, traits, or circumstances which you feel could positively or negatively impact the applicant's ability to provide consumers with a supportive family home environment:

I have completed this survey truthfully, accurately, and without speculation. I understand the Department of Developmental Services (DDS) may provide me with a copy of the applicant's signed information release form upon request. I also understand that, as specified in the release, the applicant has relieved me of all liability, damages, and legal claims related to my responses to the questions which DDS has presented herein.

_____ _____

(Signature) *(Date)*