



# 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 (CCCRN) 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 Live Scan 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 \_\_\_\_\_

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

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

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

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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# (Required) \_\_\_\_\_

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

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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 two 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 Personal 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.

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: \_\_\_\_\_ PRINT SIGNATURE  
 Worker Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

13. **Child Care Resource and Referral/Alternative Payment Program Use Only**  
 Payment Program: Stage 1 \_\_\_\_\_ Stage 2 \_\_\_\_\_ Stage 3 \_\_\_\_\_ CCDBGAPP \_\_\_\_\_ 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 # \_\_\_\_\_

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 P.O. Box 944243 Mail Station 9-15-57 Street No. Street or PO Box Sacramento CA 94244-2430 City State Zip Code	<b>03502</b> Mail Code (five-digit code assigned by DOJ) Billing Code - non Identix sites subsidized only _____ Contact Name (Mandatory for all school submissions) _____ ( ) _____ Contact Telephone No. _____
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16. Live Scan Transaction Completed by: Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID# \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

**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 Response 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.**