

REQUEST FOR LIVESCAN SERVICE - APPLICANT SUBMISSION
State of California/Department of Justice

AORI Number: AD597 **Type of Application (circle one):**
Employee 11105(b)(11)PC Volunteer Park & Rec Vol/VCA
Peace Officer/Auxiliary Non-Sworn LEA Personnel Elder Care

JOB TITLE IHSS Caregiver (No Working Titles)

Agency Address Set Contributing Agency:

Link2Care, The In-Home Supportive Services Public Authority of Stanislaus County **14638**
Agency Authorized to Receive Criminal History Info Mail code (5-digit) DOJ
P.O. Box 42 **Jeff Lambaren**
Street #, etc. Agency Contact
Modesto, CA 95397-5351 **(209) 558-1650**
City, State and Zip Contact Phone

Name of Applicant

Please Print _____ Last _____ First _____ MI _____

Aliases _____ **Driver's Lic. No.** _____

Date of Birth _____ **Male** _____ **Female** _____ **Misc. No. BIL:** N/A
Agency Billing #

Height _____ **Weight** _____ **Misc. Number:** N/A
HOME ADDRESS

Eye Color _____ **Hair Color** _____
Street No./Street Name/P.O. Box

Place of Birth _____
City, State and Zip

Social Security # _____

Your Number/Dept Org/Fund # N/A **Level of Services:** DOJ FBI Firearms
Circle ALL that apply

Department Name: Not IHSS Funded

If re-submission, list Original ATI # _____

Employer: Department HR Contact Info

Employer Name: Link2Care
P.O. Box 42. **14638**
Street No, Street Name or P.O. box Mail Code (5 digit - DOJ)
Modesto, CA 95397-5351 **(209) 558-1650**
City, Ste and Zip Code Agency Telephone # (optional)

Live Scan Completed by: _____ **Date** _____
Name of Operator

Transmitting Agency _____ **ATI #:** _____ **Amount Collected/Billed** _____