

**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:** \_\_\_\_\_  
Name of Operator Date

Transmitting Agency ATI #: Amount Collected/Billed