

## 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