

HOME CARE AIDE REGISTRATION RENEWAL

Please type or print clearly. Please ensure that you include a check or money order in the amount of \$35.00 payable to the California Department of Social Services. Mail this completed two-page application and a check or money order to: The California Department of Social Services, Home Care Services Bureau, 744 P Street, MS 9-14-90, Sacramento, CA 95814. **Your renewal application and fee must be postmarked on or before your expiration date or your registration will be forfeited. You must include both pages and your signature. Per Health and Safety Code Section 1796.48, the Home Care Aide Renewal application fee is nonrefundable.**

If any of the following apply, then you are not eligible to renew your Home Care Aide registration at this time. Please note, if you continue with the renewal process, your renewal application will be withdrawn and your fee will be forfeited.

- You had an application for a license, TrustLine registration, foster care certificate of approval, administrator certification, or home care aide registration denied within the past year;
- You had a license, TrustLine registration, foster care certificate of approval, administrator certification, or home care aide registration revoked or rescinded within the past two years;
- You had a criminal record exemption denied within the past two years; and/or
- You were excluded from all licensed facilities, certified family homes, resource family homes, and/or home care organizations and have not successfully petitioned for reinstatement.

Name (Last, First, Middle):	Per ID#:
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RESIDENCE ADDRESS

Street Address:			Apt:
City:	State:	Zip Code:	County:

MAILING ADDRESS (If different than above):

P.O. Box/Street Address:			Apt:
City:	State:	Zip Code:	County:

E-MAIL (Voluntary)

TELEPHONE NUMBERS

	Day:	Evening:
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**** Do NOT forget to complete page two (2) ****

Disclosure of Personal Information

Assembly Bill 2455 (Statutes 2018, Chapter 917, Section 2) created a new law that affects all Registered Home Care Aides. This law requires CDSS to provide the name and telephone numbers of Registered Home Care Aides to labor organizations, when requested. This law also requires CDSS to create a process for Registered Home Care Aides to tell the Department not to release their information, or “opt-out” of the disclosure of their personal information.

Effective July 1, 2019, all individuals who become Registered Home Care Aides and all Registered Home Care Aides renewing their registration are subject to their names and telephone numbers being released to labor organizations. If you do not want your personal information released, please check the box below.

I **do not** want my personal information shared with labor organizations and wish to opt-out of this requirement.

Please note the following:

- If you need to change your name, you must submit a Home Care Aide Registry Request for Name/ Address Change (HCS 105) to the address listed above. You can obtain this form at: <http://www.cdss.ca.gov/cdssweb/entres/forms/English/HCS105.pdf>.
- Once you are registered, failure to notify the Home Care Services Bureau of a change of mailing address within ten (10) days will result in forfeiture of your registration.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.