TrustLine Web-Based System

USER'S MANUAL Ver. 4.0   Rev. 1.3

California Department of Social Services

(Rev. 12/15)

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Welcome Page

Please read this page.

This manual will provide you with the tools and resources necessary for entering information into the TrustLine Web Application.

The TrustLine Web Application (TWA) Single Point of Contact (SPOC) will create a new account for each user. To activate your account please refer to the instructions beginning on the next page, Login to Portal and Applications. After activation, the website you will use for entry of applications is shown below. You may create a shortcut or save it as a favorite in your web browser.

https://secure.dss.ca.gov/ccld/TLRWA/frmlogin.aspx

Please note that there are a several places on the entry screens where "**_NOTE TO APPLICANT_**" is referenced in the instructions. This information needs to be communicated to the applicant. You will begin finding these references on page 8.

If you need assistance, please contact your TWA SPOC.

Login to Portal and Application

Activate account

You will receive an email indicating that a new account has been created for you. The email will have the subject line, "**DSS SAF – New TLRWA User**", and will contain a temporary password. The email body will look like this:

DSS SAF Account

New User Account

Hello gary@nixon.gov,
Your new user account has been created for TLRWA.
In order to use your new account you must activate it through our new DSS SAF: IDENTITYportal. Click here.
Your temporary password is: 8?M7IXCe

Thanks,
The DSS SAF Team

Open the IDENTITY portal by clicking on the underlined word "**here**" found at "**Click here**". When you click on the word, you will be taken to this screen:

This page will verify your account has been successfully created and that you must change your temporary password.

Create personal password

Click the key icon below "**My Profile Actions**" to change your password. The following screen will be shown, giving you guidelines on creating your password and entry boxes for your current and new passwords. Enter the temporary password included in the ""**DSS SAF – New TLRWA User**" email along with your new password.

Change My TLRWA Password ✕

New Password Must Be: ✕
- a minimum of 8 characters
- a maximum of 25 characters
- at least (1) character from (3) of the following (4) groups:
  - Upper Case Letters - A B C...
  - Lower Case Letters - a b c...
  - Numerals - 1 2 3...
  - Special Characters - $ & * ! " ' # @ ( ) { } . , etc

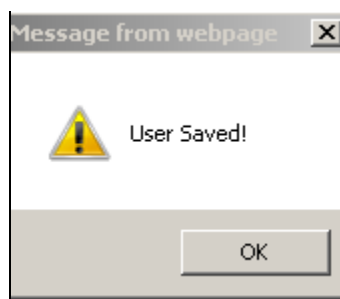**Password**

Temp Password

New Password

Verify Password

Having Problems? Reset your password

Close Change Password

Click "Change Password".

When you have successfully updated your password, the following notification will appear:

Message from webpage ✕

⚠ User Saved!

OK

Click the OK button.

You will be taken to this screen:

Click the "**Go to TLRWA**" button to continue to the web application's Welcome screen.

From the Welcome Screen you can view or print the current User Manual and the Frequently Asked Questions (FAQs). To log into the TrustLine Web App select "Click Here to Login to TrustLine Web App". The login screen is shown below. Log in using your email address as the user name and the personal password you just created.

TrustLine Login

USER NAME

PASSWORD

FORM

TLR 1

Login

Forgot Your Password? Account Locked? Need a New Password?

Data Entry

On each of the following four data input screens enter the required information.
Important notes:

- To move between screens please use the "Previous" and "Next" buttons at the bottom of each screen.

- At the end of the fourth data input screen, clicking "**Finish**" will submit the application. No additional editing may be done so please use the "**Previous**" and "**Next**" buttons to review the application before you click "**Finish**".

- To cancel a session at any time, click the "**Cancel**" button.

  Please see the example below:

- Fields displayed with **red text** are required. You cannot continue to the next data input screen unless these fields have an appropriate value in them.

- Where a specific input format is required, such as entering a date, there will be a guide near the data input point to show you the format to be used, such as, "**MMDDYYYY**", indicating a two digit month, two digit day and four digit year combination.

- Safeguards are in place to prevent letters from being entered in number fields and vice versa.

- A navigation panel to the left of each data input screen indicates where you are in the data input process ("Start", "Personal Information", etc.).

- You may navigate back and forth between screens while completing the data entry process. However, once you click the "Finish" button to submit the data you cannot go back to the data entry session you just completed.

- Your session will time out after 20 minutes of no activity and the application will not submit correctly if attempted. If this occurs, close the application and log in again to start over.

1.   Enter the applicant's full legal name in the boxes provided. Do not use nicknames. **NOTE TO APPLICANT**: Use the name that is on <u>your</u> 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, the application will be returned.

2.   Enter all other names used. ***NOTE TO APPLICANT***: *This includes aliases such as 'Beth' if used as a legal name.*

TRUSTLINE REGISTRY

TLR1

IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER PROGRAM
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
BACKGROUND CHECK APPLICATION

Start
Personal Information
Transfer Process
TrustLine Information
Complete

Personal Information

3) RESIDENCE ADDRESS
Street
Apt #
City   State CALIFORNIA
Zip   County

4) ☐ MAILING ADDRESS (Copy Residence Address)
Street
Apt #
City   State --
Zip   County

5) DOB   MMDDYYYY   Sex M/F
Height -- Ft. -- In.   Weight   Pounds
Eye Color --   Hair Color --

6A) Social Security Number
6B) Driver's LIC or ID# / Alien   --
Reg / Out-of-State-ID 8
Characters Max

7) TELEPHONE NUMBERS WITH AREA CODE (0000000000)
Day   Evening

Cancel   Previous   Next

---

3. Enter the applicant's complete residence address including the zip code and county. *NOTE: City names must be spelled out. Abbreviated city names will not be accepted.*

4. Enter the applicant's complete mailing address including the zip code and county, if different than residence address. ***NOTE TO APPLICANT: 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. Enter the date of birth, sex, height, weight, eye color and hair color. *NOTE: Applicants must be 18 years of age or older to apply for the TrustLine Registry.*

11

6. a) Enter the social security number (SSN). ***NOTE TO APPLICANT****: 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 application. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this application 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.

6. b) Enter the identification number. **NOTE**: Applicants are required to provide one of the four forms of identification: 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 forms of identification, it will be returned.

7. Enter a daytime and evening telephone number including the area code.

8. **Transfer Process:** Select **Yes or No.** If you marked Yes to both questions, please provide either the Facility Number (9 digits) where the applicant is working or his/her PerID (10 digits). If completing the Transfer Process, fingerprints are not required.

9. The applicant must sign and date the application. If the signature and date are missing, the application will be returned as incomplete.

10. Enter the Date Signed.

11. Enter the Resource & Referral (R&R) or Payment Program (CWD or APP) Agency Name and address fields if there is an agency listed in Box 11 of the paper application.

TRUSTLINE REGISTRY

TLR1

IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER PROGRAM
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
BACKGROUND CHECK APPLICATION

TrustLine Information

If you are using an APP, please do not enter information in Section 12

*** R and R CODE MUST BE ENTERED IN SECTION 13 ***

12) COUNTY WELFARE DEPARTMENT STAGE 1 AND CAL LEARN ONLY

County [_____ ▾]   County ID [0 ▾]

Program ○ Stage 1 ○ Cal Learn ⦿ No Option

Case Number 1) [_____]   2) [_____]

County Worker Name [_____]

Worker Phone [_____]

Date Signed [_____]

13) CHILD CARE AND REFERRAL/ALTERNATIVE PAYMENT PROGRAM USE ONLY.

Payment Program

○ Stage 1 ○ Stage 2 ○ Stage 3 ○ CCDBGAPP ○ GFAPP ⦿ No Option

County [_____ ▾]   County ID [0 ▾]

R and R Program [_____]   R and R Code [_____]

AP Program Name [_____]   APP Code [_____]

Case Number(s)1) [_____]   2) [_____]

County Worker Name [_____]   Worker Phone [_____]

TRANSACTION COMPLETED BY :

Name of Operator [_____]   LSID# [_____]

Transmitting Agency [_____]   ATI Number [_____]

Start
Personal Information
Transfer Process
TrustLine Information
Complete

[Previous] [Finish]   Review all information before selecting Finish

➢ *If the applicant is being paid to provide child care by the County Welfare Department (CWD) through Stage 1 child care funds, complete the fields in Box 12 and the R&R Program Name and R&R Code in Box 13. Please do not choose the County or Payment Program in Box 13, only the R&R fields.*

➢ *If the applicant is being paid to provide child care by the Alternative Payment Program (APP), complete the fields in Box 13. The fields in Box 12 for this application will be blank.*

➢ *There should be only one County and one Payment Program selected. You must always enter a Resource and Referral Program Name and the R and R Code in Box 13.*

12. County Welfare Offices – Instructions

    a) Select the County Name.
    b) Select the program that is funding the child care.
    c) Enter the family's case number assigned by the County Welfare Department.
    d) Enter the worker's name, phone number, and date signed.
    e) Enter the R&R Program Name and R&R Code in 13.
    f) Have applicant complete and sign the TLR 508.

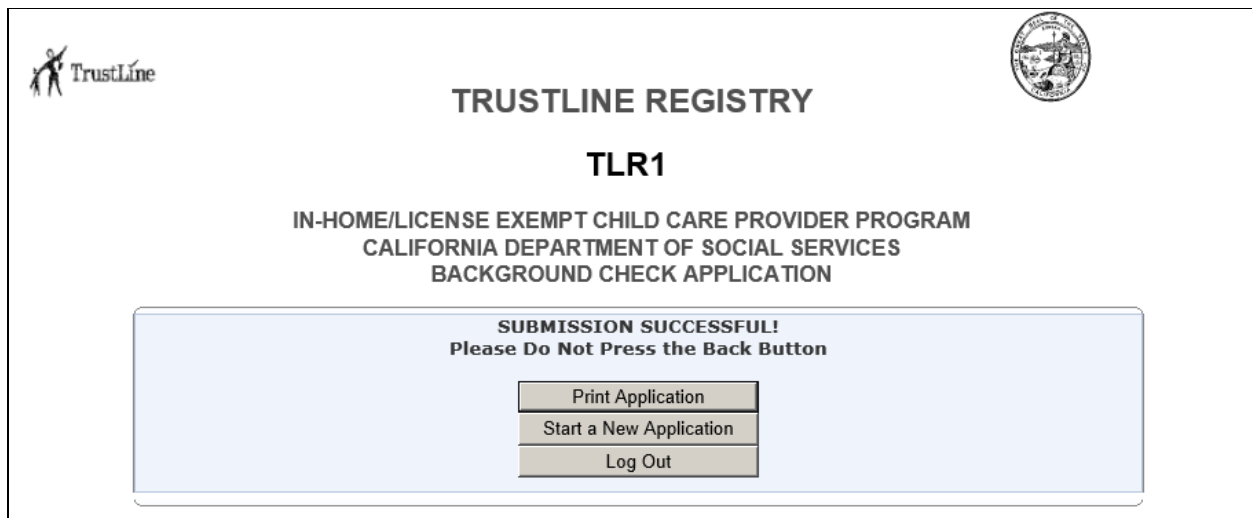13. Resource & Referral/Alternative Payment Program – Instructions

    a) Select the program that is funding the child care.
    b) Select the County Name.
    c) Enter the R&R Program Name and R&R Code.
    d) Enter the APP with appropriate I.D. number including the Community Colleges.
    e) Enter the case number if the Payment Program assigns a case number for tracking purposes.
    f) If this is a referral from CWD, include worker name and phone number.
    g) Have the applicant complete and sign the TLR 508 and forward to CDSS along with the application.

14. Transaction Completed by:

    a) Enter the Name of Operator as completed by the Live Scan technician.
    b) Enter the Live Scan ID (LSID) #.
    c) Enter the Transmitting Agency.
    d) Enter the Automated Transaction Identifier (ATI) Number.

If needed, please verify the information entered using the "Previous" and "Next" buttons. Clicking "Finish" on the fourth screen submits the application and allows for a printout of the completed application.

Submission Successful Options

This screen indicates your data submission succeeded along with three action options available to you.

1. **Print Application** - A printable version of an application containing the data just entered can be accessed by pressing this button. The printable application will open in a new window. After printing close the window and select option two or three.

2. **Start a New Application** – Selecting this button takes you back to the first data entry screen to start a new data input session beginning with the "Last Name" field.

3. **Log Out** – Ends your session.

A sample of the printed application is on the next page.

TrustLine Registry
TLR1

Personal Information

1. Last Name	First Name	Middle Name
SMITH	LYNN	

2. AKA
JONES LYNN BROWN LYNNETTE

Residence Address

3. Street	APT#	City	State	Zip Code	County
123 W ELM ST		SACRAMENTO	CA	95814	34

Mailing Address if Different

4. Street	APT#	City	State	Zip Code	County
123 W ELM ST		SACRAMENTO	CA	95814	34

5. Date of Birth	Sex	Height	Weight	Eye Color	Hair Color
1980/01/15	F	62	135	BLU	BRO

6a. Social Security Number	6b. Driver's License or ID#	State of ID
999-88-7777	A1234567	CA

7. Day Phone	Evening Phone
916-555-1212	

8. Transfer Process

Currently Licensed?	Transfer Licensing Information?	Facility Number or PerID
NO	NO	

9.Signature	Date
	2015/07/27

10. The Completed TrustLine Registry Criminal Record Statement (TLR 508) Must Be Included With Your Application

11. Agency

Agency Name	Agency Address	Agency Number	Agency City	Agency State	Agency Zip
CHILD SOURCE	1010 9TH ST		SACRAMENTO	CA	95814

12. County Welfare Department Stage 1 and Cal Learn Only

County	County ID
SACRAMENTO	34

Stage 1	Cal Learn
W1	

Case Number 1	Case Number 2
34019876543	

County Worker	County Signature	County Phone	Date
WANDA WELLS		916-551-1000	2015/07/15

13. Child Care Resource and Referral/Alternative Payment Program

Stage 1	Stage 2	Stage 3	CCDBGAPP	GFAPP	

County	County ID
	34

Child Care Resource and Referral Program	R and R Code
CC CENTER	12345

AP Program Name	APP Code

Case Number 1	Case Number 2

Worker	Worker Phone

16. Live Scan Misc.

Name of Operator	Transmitting Agency	LSID
SAM SMITH	UPS STORE	A33

ATI Number	Submission Date
A999ABC888	2015/07/27

Start a New Application Screen:

Logout Screen:

Welcome!

The California Department of Social Services has implemented the TrustLine Web Application (TWA) for County Welfare Departments and authorized users such as local Alternative Payment Programs (APP) and Resource and Referral (R&R) programs. TWA provides the ability to enter applications online for applicants who want to become TrustLine-registered child care providers.

Before entering information into the TWA you will need to register. Single Points of Contact (SPOC) have been identified by the counties or designated agencies for Child Care. You will work with your county SPOC unless your county contracts with an Alternative Payment Program or the Resource and Referral Network in which case the Resource and Referral Network is the SPOC. These contacts will assist you with registering to enter applications and will answer questions regarding day-to-day use of the TWA.

Prior to entering applications using the Trustline Web App we strongly recommend that you read the User Manual and FAQs.

Click Here to Login to TrustLine Web App

Click Here for FAQs
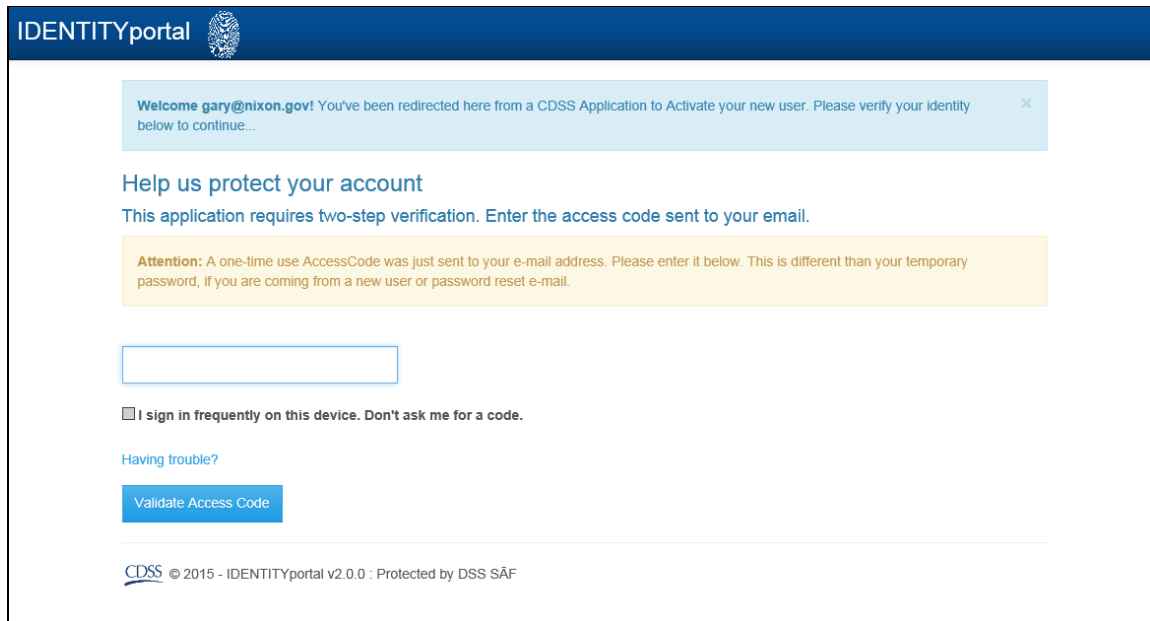
Click here for the User Manual

Troubleshooting

Account Locked?

From the Login page you can also retrieve a forgotten password, unlock your account, or create a new password.

You will be locked out of your account after three or more failed login attempts and will be directed to the following page. You will also receive an email with the subject line, "**DSS SAF - IDENTITYportal Access Code**".
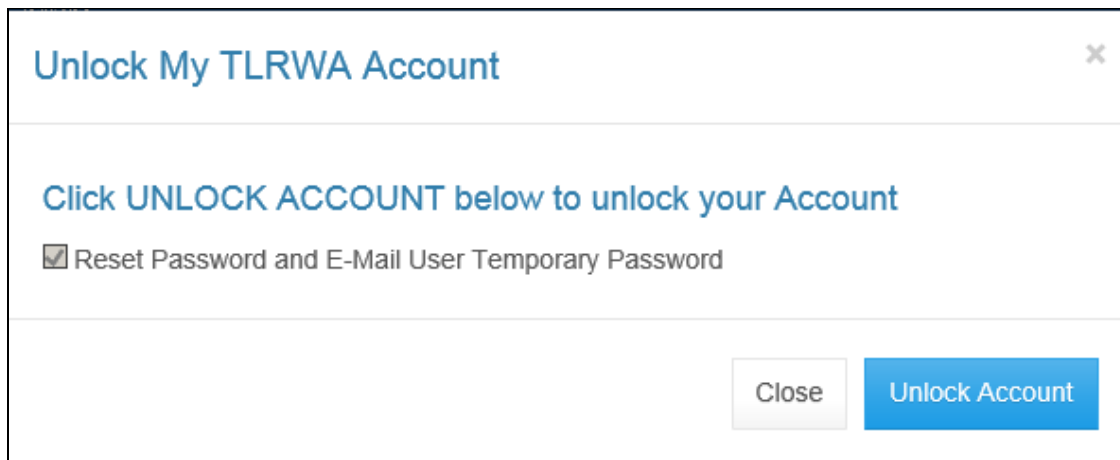

To unlock your account, enter the Access Code from the email into the box above and click the "**Validate Access Code**" button. Once the code is validated, you will see this page:
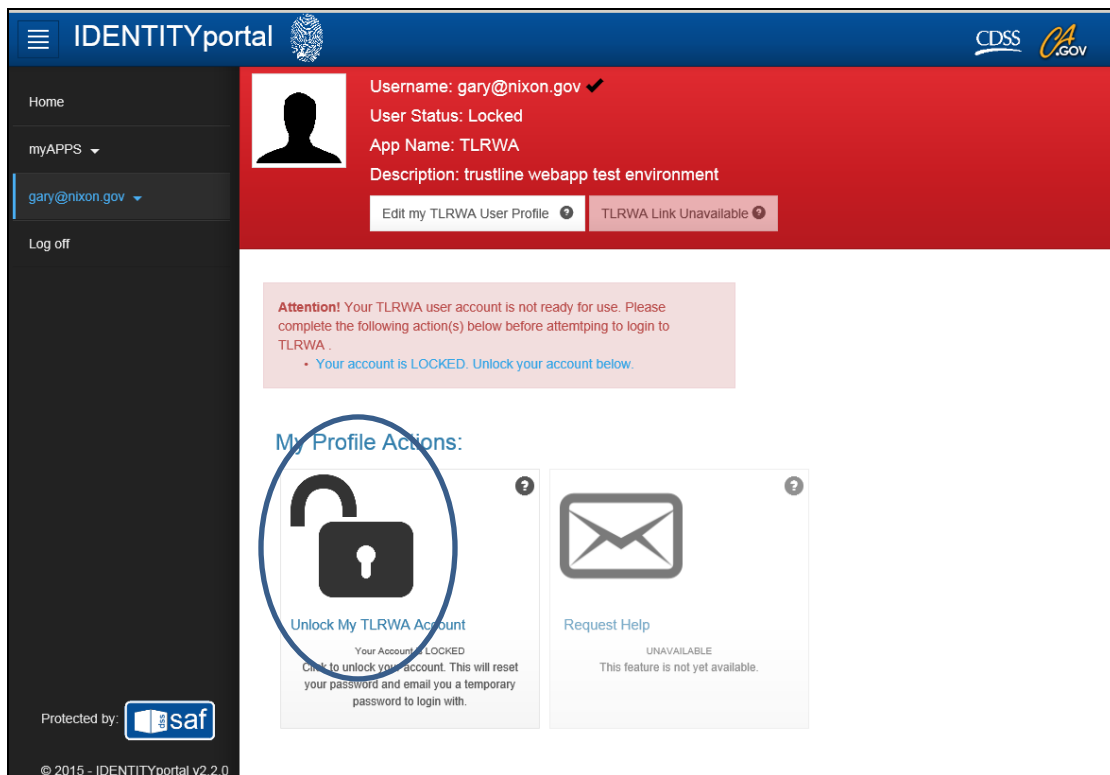
Click on the lock icon – you will be shown this screen:

Click the "**Unlock Account**" button. When the account is unlocked, this notification will appear:
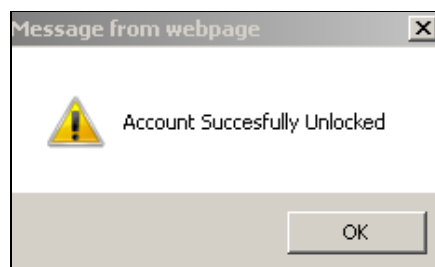
Click OK. You will be taken to this screen where you must change your password:

Click on the key icon. The following screen will be shown, giving you guidelines on creating your password and entry boxes for your current and new passwords. Enter the temporary password that was included in the ""DSS SAF - TLRWA Password Reset Notification" email along with your new password.

Once you successfully update your password, the following notification appears:

Click OK. You will be taken to this screen:

Click the "**Go to TLRWA**" button to go to the web application's Welcome Screen.

Log in to IDENTITY portal directly

If you forgot your password, your account is locked or you need a new password click the link as shown below to go to the Identity Portal:

TrustLine Login

USER NAME

PASSWORD

FORM

TLR 1

Login

Forgot Your Password? Account Locked? Need a New Password?

NOTE: For security purposes, TWA users must change their passwords every 60 days.

Clicking on Log In will bring you to this screen.

Enter your Username and click "Sign In". You will be taken to the following screen:

Welcome, data@dss.ca.gov [Change Username]

Find and select a **CDSS** Application below to Login:

Filter	Type here...

	Application Name	Description
Manage Account	MAI	Master Adoption Index
Manage Account	SecurityUI	DSS Security - SecurityUI
Manage Account	WIS	Welfare Intercept System
Manage Account	County Site	Secure and enhanced version of Transparency site to be used exclusively by authorized county and CCL employees.
Manage Account	TLRWA	trustline webapp test environment
Manage Account	Trust Line Web API	TLRWS

Click "**Manage Account**" next to "**TLRWA**". You will be taken to the following screen:

Authenticating access for your TLRWA account ✕

Help us protect your account
This application requires two-step verification.

> **Attention:** A one-time use AccessCode was just sent to your e-mail address. Please enter it below. This is different than your temporary password, if you are coming from a new user or password reset e-mail.
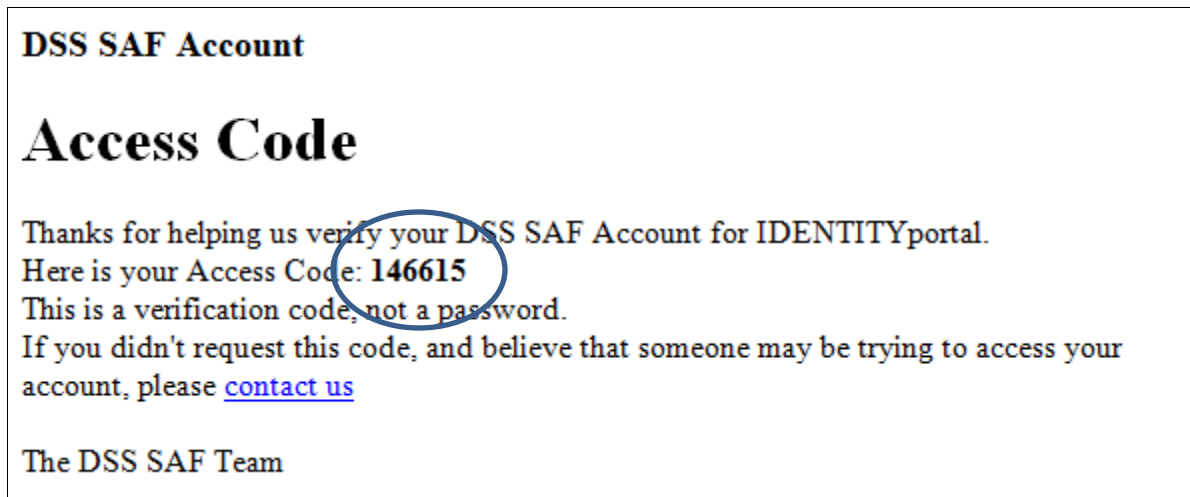
Enter your access code

☐ I sign in frequently on this device. Don't ask me for a code.

Having trouble?

Close	**Validate Access Code**

You will receive an email containing an Access Code. Enter the code as shown in the screen above and click "**Validate Access Code**".

DSS SAF Account

Access Code

Thanks for helping us verify your DSS SAF Account for IDENTITYportal.
Here is your Access Code: **146615**
This is a verification code, not a password.
If you didn't request this code, and believe that someone may be trying to access your account, please contact us

The DSS SAF Team

Once you have entered the Access Code and it is verified, you will be asked to change your password before continuing. Please see above for instructions and guidelines for creating the new password.

If you encounter access and/or login issues, please contact your SPOC for help. A list of SPOCs can be found here.

Please do not contact "support@dss.ca.gov" for TrustLine Web App support. The "support@dss.ca.gov" email address is for Department of Social Services web security assistance and is unrelated to the TrustLine Web App. As noted above, please contact your SPOC.

Note: There may be compatibility issues among the various versions of Internet Explorer. If another browser is installed, such as Google Chrome, then please try to unlock your account and/or reset your password using an alternate browser.

Contacts

If you need assistance with the TWA, please contact your TWA SPOC.