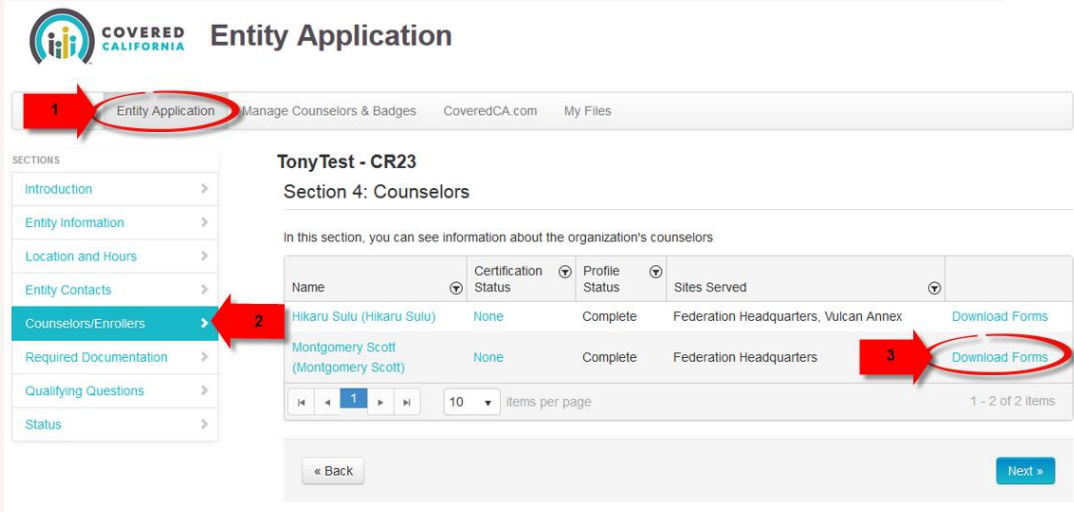


How to Retrieve Background Clearance Forms

LOCATING PREPOPULATED CRIMINAL DISCLOSURE AND LIVE SCAN FORMS

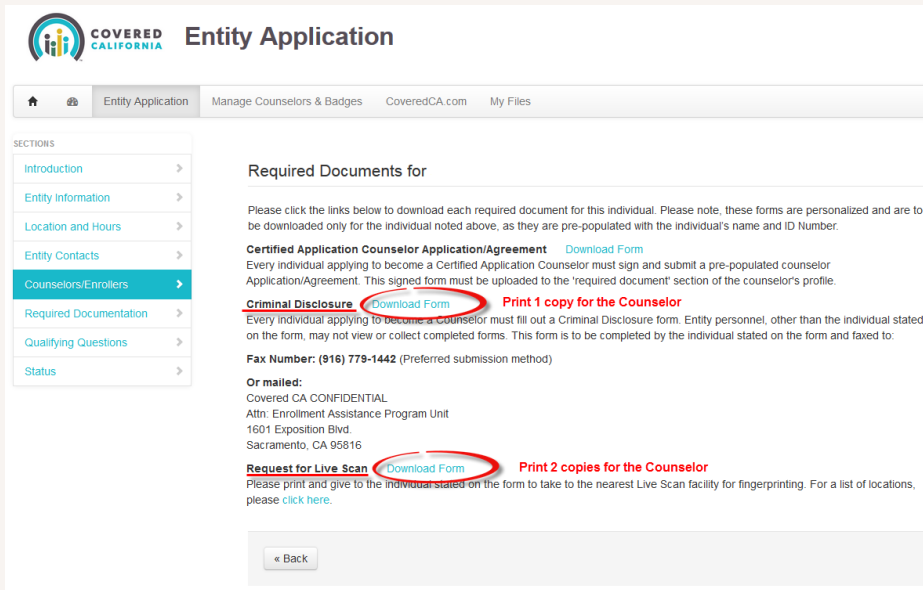
1. Click “Entity Application” tab
2. Click on “Counselor/Enrollers”
3. Click “Download Forms” link next to the name of the appropriate Counselor



The screenshot shows the 'Entity Application' page for 'TonyTest - CR23'. The 'Counselors/Enrollers' section is active, displaying a table of counselors. The 'Download Forms' link for 'Montgomery Scott (Montgomery Scott)' is highlighted with a red circle and arrow. The 'Entity Application' tab is also highlighted with a red circle and arrow.

Name	Certification Status	Profile Status	Sites Served	Download Forms
Hikaru Sulu (Hikaru Sulu)	None	Complete	Federation Headquarters, Vulcan Annex	Download Forms
Montgomery Scott (Montgomery Scott)	None	Complete	Federation Headquarters	Download Forms

4. There are two (2) required forms that must be downloaded
 - a. Click “Download Form” link next to each to retrieve
 - b. Provide your Counselor with **one copy** of the criminal disclosure form and **two copies** of the Request for Live Scan



The screenshot shows the 'Required Documents for' section. Two 'Download Form' links are highlighted with red circles and arrows. The first is for 'Criminal Disclosure' with the instruction 'Print 1 copy for the Counselor'. The second is for 'Request for Live Scan' with the instruction 'Print 2 copies for the Counselor'.

**** Please note that these forms are auto-populated with each Counselor’s personalized information and should be downloaded separately for each individual.**

How to Retrieve Background Clearance Forms

Counselor must complete the personal information section for each form and answer all relevant questions.

Covered California Criminal Record Disclosure

DO NOT RETURN THIS FORM TO YOUR EMPLOYER.
This form must be completed by all individuals applying to become a Certified Enrollment Counselor and based directly to Covered California by the individual applying. Other than the individual applicant, no one may view, collect or submit this form.
THIS FORM MUST BE FAXED TO: (510) 779-1442 Fax is the preferred submission method.
The form can also be mailed to: Covered CA (CONFIDENTIAL - Labra, Enrollment Assistance Program Unit) 1401 Exposition Blvd | Sacramento, CA 95833.

INSTRUCTIONS TO INDIVIDUALS APPLYING TO BECOME CERTIFIED ENROLLMENT COUNSELORS:
In order to become a Certified Enrollment Counselor, the law requires that you complete a background check (Government Code section 1043) and fill out this form (California Code of Regulations, Title 10, Section 6654(d)(8)).

You MUST disclose convictions and administrative actions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You did not go to jail or prison or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation.

A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty for any crime. Criminal convictions from another State or Federal Court are considered the same as criminal convictions.
NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) OR ADMINISTRATIVE ACTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) OR ADMINISTRATIVE ACTION(S) WILL RESULT IN A DISQUALIFICATION TO BECOME A CERTIFIED ENROLLMENT COUNSELOR.

Have you ever been convicted of a crime in California?..... YES NO

Have you ever been convicted of a crime from another state, federal court, Military proceeding or jurisdiction outside of the U.S.?..... YES NO

Have you ever had an Administrative Action against you from another State Agency?..... YES NO

Are you currently out on bail or on your own recognizance for any arrest?..... YES NO

If you answered YES to any of the above questions, give details on page 2 of this form indicating the date and location of each crime or administrative action and, if desired, the nature and circumstances of the offense. If you need additional space or have more than three offenses or administrative actions to declare, you must use additional sheets and fax or mail in all sheets to the address listed above.

PRIVACY STATEMENT
Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Covered California 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.).

NOTE: IMPORTANT INFORMATION: Under the California Public Records Act, Covered California may have to provide copies of some of the records in your file to members of the public who ask for them, including newspaper and television reporters. Covered California must also tell people who ask the name of a Certified Enrollment Entity that has a Certified Enrollment Counselor with a criminal record exemption.

QUESTIONS? If you have any questions about this form, please email: IPAsupport@ccgrantsandassistors.org
Page 1 of 2

Covered California Criminal Record Disclosure

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FIRST OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION
What was the first offense, pending charge or administrative action? _____
When did it occur? _____ Tell us what happened (optional): _____
Where did it occur? _____
City: _____
State: _____

SECOND OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION
What was the second offense, pending charge or administrative action? _____
When did it occur? _____ Tell us what happened (optional): _____
Where did it occur? _____
City: _____
State: _____

THIRD OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION
What was the third offense, pending charge or administrative action? _____
When did it occur? _____ Tell us what happened (optional): _____
Where did it occur? _____
City: _____
State: _____

PERSONAL INFORMATION
I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct.

Employer Name: **Rebel Base** Employer ID Number (EIN): _____
Your Name (PRINT CLEAR): **Evan Piell** Social Security Number: _____
Your Address: **5550 N. First** California Driver's License or ID #: **A68765432**
City: **Fresno** Zip: **93710**
Telephone: _____ Date of Birth: _____
Signature: _____ Date: _____

QUESTIONS? If you have any questions about this form, please email: IPAsupport@ccgrantsandassistors.org
Page 2 of 2

Covered California Request for Live Scan
Certified Enrollment Counselor Applicant Form

CONTRACT CODE: DPJK
This form should be used only by the individual whose name is pre-qualified. Altering the name, or sharing the document with others is prohibited.

Applicant Information

Name: **Han Solo** Suffix: _____
Alias: _____
Sex: _____ Eye Color: _____
Date of Birth: _____ Hair Color: _____
Social Security Number: _____ Height: _____
California Driver's License: _____ Weight: _____

Home Address
Street Address: **12345 Main Street** City: **Fresno**
State: **CA** Zip: **93650**

OCA
Name of the Certified Enrollment Entity: **Rebel Fleet**

Live Scan Agency Name: _____ Live Scan ID (LSID): _____ Date: _____
Name of Operator: _____ ATI Number: _____ OATI (Resubmission Only): _____

QUESTIONS?
Regarding the Live Scan process, locations or appointments call: 877-386-6319 (Monday through Saturday, 9:00 AM to 5:00 PM) or email at: coveredca@capitalivescan.com
You may also visit the Web page at: http://www.capitalivescan.com/locations_statewide_network.html
Regarding Covered California Enrollment Assistance Program email: IPAsupport@ccgrantsandassistors.org
You may also visit the Covered California Website at: coveredca.com

How to Retrieve Background Clearance Forms

If you have further questions, please contact:

NAVs: Email your Covered California Program Contact. Program contact information is located at <http://hbex.coveredca.com/navigator-program/PDFs/2015-16-Program-Contacts.pdf>

CACs: Email IPASupport at IPASupport@ccgrantsandassistors.org