



## **Criminal Background Declaration and Authorization Form**

I understand that the purpose of this form is to provide the Department of Public Social Services (DPSS) with information on my criminal background to be verified by the Los Angeles Sheriff Department (LASD). The information obtained from LASD will be used to decide my eligibility for housing help as a General Relief (GR) participant with a criminal background. In agreement with AB 109 funding rules, such funds may be used for housing for juvenile and adult offenders including persons who have been arrested, jailed (or detained as a juvenile), or convicted (or judged as a juvenile). As such, it is important to make sure that I have been involved in the justice system. Completion of this form to receive housing help is not needed, but by completing this document it may increase my chances to be matched to housing. The form will be kept on file in my case record and will only be used by DPSS for the purpose of proving my eligibility to housing assistance.

### **Voluntary Participation**

I admit that I have willingly agreed to authorize LASD to verify my criminal justice history by running a criminal record check based on the information I provide on this form. This information will be used to make sure I meet the requirements for housing assistance through the GR Program.

I understand that if I refuse to sign this form or take part in this process with DPSS or LASD it will not affect my ability to keep receiving the services I need from GR.

### **Authorization**

I am aware that information I have provided to DPSS and all information regarding GR services is confidential. I hereby voluntarily authorize DPSS to release the information I provide to LASD for the purpose of verifying my criminal justice history by running a criminal record check. LASD will verify my criminal record to decide my eligibility for housing help through the GR Program.

This authorization to release and receive confidential information and records is in agreement with the related federal, state and local statutes, regulations and policies including, but not limited to California Welfare & Institutions Code section 10850.

I understand the confidential nature of my information and records and the disclosure to which I am authorizing has been explained to me and my questions have been answered. I understand my rights and agree to the authorization and disclosure.

### **Cancellation**

I understand that this authorization shall expire one year from the date on which this authorization is signed, but I may cancel this authorization at any time by informing my DPSS worker. I understand that any information or records that have already been released or disclosed by LASD to DPSS pursuant to this document will continue to be kept even after such cancellation.



## Criminal Background Declaration and Authorization Form

<b>First Name:</b>	<b>Last Name:</b>	<b>Middle Name:</b>
<b>Date of Birth:</b>	<b>Last 4 digits of Social Security Number:</b>	<b>California DL/ID Number:</b>
<b>AKA:</b>		

1. Have you ever been arrested in the last 5 years?	<input type="checkbox"/> YES	NO <input type="checkbox"/>
2. Have you ever been convicted in the last 5 years?	<input type="checkbox"/> YES	NO <input type="checkbox"/>
3. Have you ever been in jail in the last 5 years?	<input type="checkbox"/> YES	NO <input type="checkbox"/>
4. Have you ever been in juvenile detention or judged (under the age of 18) in the last 5 years?	<input type="checkbox"/> YES	NO <input type="checkbox"/>

### Knowing and Voluntary Execution

I have carefully read this document and fully understand its contents. I am aware that this is an authorization for LASD to release and disclose my criminal justice history by running a criminal record check based on the information I provide on this form for the purpose of deciding whether I meet the requirements to receive a housing subsidy through GR. I signed this document on my own free will.

<b>Participant's Signature:</b>	<b>Date:</b>
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**“COUNTY USE ONLY”**

<b>Participant's Case Number:</b>	
<b>Requestor's Name (Print):</b>	<b>Title:</b>
<b>Requestor's Signature:</b>	<b>Date:</b>