

**STATEMENT OF FACTS (SOF) PREPARATION CHECKLIST
IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
CAREGIVER BACKGROUND CHECK BUREAU (CBCB), GENERAL EXCEPTION UNIT (GEU)**

- Check the appropriate box [YES, NO, or N/A (Not Applicable)] in the right-hand column for each item.
- Attach checklist to the SOF Summary.

CHECK SOF SUMMARY FOR THE FOLLOWING:

1. Has all identifying information on Page 1 of the SOF Summary been completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Have copies of the following documents (submitted by the applicant provider) and the CBCB analyst's evaluation of those documents (if applicable) been included in the case file?	
a. IHSS Program Notice to Applicant Provider of Provider Ineligibility - Tier 2 Crimes (SOC 852A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
b. IHSS Program Provider Enrollment Form (SOC 426)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
c. Documentation of informal probation, if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
d. Description and verification of completed training classes, treatment, counseling, or community services activities indicating rehabilitation or changed behavior	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
e. Evidence of an official pardon by the Governor, if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
f. Employment history for the last 10 years	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
g. Copies of police reports involving the disqualifying crime(s) or a letter from law enforcement stating the reports no longer exist	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
h. Three (3) signed character reference statements	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
i. Signed personal statement	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Has a copy of the Criminal Offender Record Information (CORI) been included in the case file?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Has a copy of the "Triage" form been included in the case file?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A