

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
COUNTY OR PUBLIC AUTHORITY (PA) REQUEST TO REMOVE
CRIMINAL OFFENDER RECORD INFORMATION (CORI) FROM THE
CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (CMIPS)**

County:			
Current/Prospective Provider Name:		Current/Prospective Provider #:	
Current/Prospective Provider Address:			

I certify that I have reviewed the most current CORI provided by the California Department of Justice, and/or court records/documentation provided by a Federal, State or County government agency to make the determination that the above referenced current/prospective provider does not currently have an IHSS exclusionary conviction. I certify that the above referenced current/prospective provider has completed all requirements of the IHSS provider enrollment process set forth in the Manual of Policies and Procedures, Section 30-776 et. seq., and therefore, is currently eligible for enrollment as an IHSS provider without any restrictions. I have determined that the CORI details currently entered in CMIPS for the above referenced current/prospective provider are no longer valid and request removal of the CORI details from CMIPS in order to proceed with the IHSS provider enrollment process or to update a current provider's eligibility status.

SEND ENCRYPTED E-MAIL WITH COMPLETED FORM TO THE ADULT PROGRAMS DIVISION, APPEALS AND ADMINISTRATIVE REVIEW UNIT AT IHSSCORRemovals@dss.ca.gov.

MY SIGNATURE CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. THE COUNTY ASSUMES ALL LIABILITY IN THE REVIEW OF THE CORI, COURT RECORDS/DOCUMENTATION AND CMIPS IN DETERMINING THAT THE ABOVE REFERENCED CURRENT/PROSPECTIVE PROVIDER DOES NOT HAVE AN EXCLUSIONARY CONVICTION AND IS CURRENTLY ELIGIBLE FOR ENROLLMENT AS AN IHSS PROVIDER WITHOUT ANY RESTRICTIONS.			
Signature:		Date:	
Printed Name:		Telephone #:	
Title:		E-Mail Address:	
County/PA Agency Name:			
Mailing Address:			