Email to: CCLLISLAARSChecks@dss.ca.gov, Allow up to 15 business days for response. Please encrypt if sending SSN.

Revised 08/09/19

# Resource Family Approval Background Check Assessment

**Licensing Information System (LIS) & Administrative Action Records System (AARS) Request Form for FFAs**

**FFA Facility Name:**

**FFA License #:**

**Contact Person Phone Number and Email:**

| Date requested | NAME (LAST, FIRST) | SSN/CADL (optional) | DOB | FFA License Number | LIS Result None = No Record | AARS Result None = No Record |
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"None" in the results indicates that the applicant does not appear in LIS or AARS on the date the search was done.

Revised June 10, 2020