California Address Confidentiality Program

Safe at Home Public Entity Employee/Contractor Enrollment Application

- This application is two pages. This form must be entirely completed with an application assistant at an enrolling agency to be accepted. All sections are required unless otherwise noted.
- Contact Safe at Home at (877) 322-5227 with questions related to this application.
- **It is a misdemeanor to provide false information on this application. (Gov. Code §6215.2(g).)**
- The enrolling agency application assistant must mail completed forms and required documents to: Safe at Home, P.O. Box 846, Sacramento, CA, 95812.

SECTION 1: APPLICANT INFORMATION

You must provide your full legal name. If you do not have a middle name, write "none."

First Name:	Middle Name:
Last Name:	
Gender: ☐ Male ☐ Female ☐ Non- Binary	Date of Birth: / /
Preferred Phone Number: ( ) -	
Email (optional):	
Applicant Type: ☐ Public Entity Employee ☐ Public Entity Contractor ☐ Dependent adults or incapacitated person If also enrolling members that **reside in** your household, check all that apply: ☐ Minor child or children ☐ Household member	
If enrolling members in your household, please clearly write full name and birthdate of each and the phone number for adult household members:	
Do you have a disability for which you need reasonable accommodation to communicate with Safe at Home? ☐ Yes ☐ No	
If yes, what type? ☐ Hearing ☐ Vision ☐ Other	
Please describe the reasonable accommodation(s) needed in the space below:	
☐ **Public Entity Employees and Contractors** have provided documentation showing that the individual is to commence employment or is currently employed by a public entity or performs work pursuant to a contract with a public entity. (Gov. Code §6215.2(b)(1)(A).)	

SECTION 2: ADDRESS AND CONTACT INFORMATION

You must provide the residence address where you currently live. Do not provide a post office box or a rented mailbox.

Residence Address:		Apartment/Unit:
City:	State:	ZIP Code:
County:		

You must provide your mailing address if different from your residence address. A post office box or rented mailbox is allowed as your mailing address. Safe at Home will forward your mail to this location.

☐ Same as residence address (skip to public entity address information)		
Mailing Address:		Apartment/Unit:
City:	State:	ZIP Code:

You must provide the name and address of the public entity where you are an employee or contractor.

Name of public entity:		
Title or classification:		
Address:		County:
City:	State:	ZIP Code:

CONTINUED ON NEXT PAGE

SECTION 3: APPLICANT AGREEMENT/ACKNOWLEDGEMENT

Applicants MUST agree to and confirm the following to enroll in the program. Please initial each statement and provide a full signature and the date in the space below.

	I designate the Secretary of State as agent for purposes of service of process and for the purposes of receipt of mail. (Gov. Code §6215.2(b)(2).)
	The Secretary of State may terminate my participation in the Safe at Home program if I am enrolling as a provider, employee, or volunteer and fail to disclose a change in employment, or termination as a volunteer or provider. (Gov. Code§6215.4(b)(5).)
	The Secretary of State may terminate my participation in the Safe at Home Program and invalidate my authorization card if a service of process document or mail forwarded to the program participant by the Secretary of State is returned as non-deliverable. (Gov. Code §6215.4(b)(4).)
	I understand that if I provide false information, or if I falsely state on an application that disclosure of my address would endanger my safety, the safety of a minor child or children, or the incapacitated person on whose behalf this application is made, or if I knowingly provide false or incorrect information on this application, I may be guilty of a misdemeanor. (Gov. Code §6215.2(g).)
	I am applying for the Safe at Home program because I am a public entity employee or contractor and I am in fear for my safety, or for that of my family or the incapacitated person on whose behalf this application is made, because I have faced threats of violence or violence or harassment from the public because of my work for a public entity. (Gov. Code §6215.2(b)(1)(C).)

► Signature:	Date: / /

SECTION 4: CERTIFIED STATEMENT / RESTRAINING ORDER (Must Select One)

☐ Certified Statement by Authorized Representative (Gov. Code §6215.2(b)(1)(B)(i).)

By signing below, I certify that the public entity employee or contractor completing this application is or was the target of threats or acts of violence within one year of the date of application.

Name of Public Entity:	
Facility Phone Number: ( ) -	
Printed Name of Authorized Representative:	
Job Title:	
► Authorized Representative Signature:	Date: / /

☐ Certified Statement by Public Entity Employee or Contractor (Gov. Code §6215.2(b)(1)(B)(ii).)

By signing below, I certify that I have been the target of threats or acts of violence or harassment within one year of the date of application because of my work for a public entity.

► Signature:	Date: / /

☐ Workplace Violence Restraining Order Attached (Gov. Code §6215.2(b)(1)(B)(iii).)

Attached order must be based upon threats or acts of violence connected to the applicant's work for a public entity or the minor or incapacitated person on whose behalf the application is made.

SECTION 5: ENROLLING AGENCY INFORMATION

This section MUST be completed by an application assistant at a designated enrolling agency with an original signature. If this section is left blank the enrollment form will NOT be accepted.

Name of Enrolling Agency:		County:
Address of Enrolling Agency:		Suite/Unit:
City:	State:	ZIP:
Enrolling Agency Phone Number:		
Enrolling Agency Email:		
Name of Application Assistant:		
► Applicant Assistant Signature:		Date: / /

LAST PAGE