



California Address Confidentiality Program

Safe at Home Enrollment Application

- This application contains seven (7) sections on two (2) pages. Each page is two-sided. This form must be fully completed with an application assistant at an enrolling agency to be accepted. All sections are required unless otherwise noted as “optional.”
- Please fill out one application per adult applicant to the Safe at Home Program.
- 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 §6206(e).)**
- 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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non- Binary	Date of Birth: / /
Applicant Type: <input type="checkbox"/> Enrolling self only <input type="checkbox"/> Enrolling self and a minor child or children <input type="checkbox"/> Enrolling a minor child/children or incapacitated person only <input type="checkbox"/> Household member	
Victim Type: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Stalking <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Human Trafficking	
Preferred Phone Number: () -	
Email (optional):	
Do you have a disability for which you need reasonable accommodation to communicate with Safe at Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type? <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other	
Please describe the reasonable accommodation(s) needed in the space below:	

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 mail box address.
- If you are staying in a shelter, write “confidential shelter” in the box for residential address and include the city, state, ZIP code, and county where the confidential shelter is located.
- This address information is kept confidential by the Safe at Home Program.
- Household members **MUST** attach proof of residence address.

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 mail box is allowed as your mailing address. Safe at Home will forward your mail to this location.	
<input type="checkbox"/> Same as residence address (skip to work address information)	
Mailing Address:	Apartment/Unit:
City:	State: ZIP Code:
Optional: You may provide your work or school address that you also wish to keep confidential.	
Work Address:	County:
City:	State: ZIP Code:
School Address:	County:
City:	State: ZIP Code:

CONTINUE ON OTHER SIDE

SECTION 3: MINOR CHILD INFORMATION

- The Safe at Home Program **MUST** collect the following information from each participant pursuant to Government Code, Section 6206(a)(4).
- Safe at Home **MUST** notify the other parent or parents that the Secretary of State is designated as the Participant’s agent for service of process. Unless a court order prohibits contact, Safe at Home must notify the other parent or parents of the mailbox number assigned to the Participant. Notice shall be mailed to the last known address of the other parent. A copy shall be sent to that parent’s counsel of record, if provided to the Secretary of State. (Gov. Code §6506(d).)

Child 1		
First Name:	Middle Name:	
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth: / /
Are you enrolling this child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State:	ZIP Code:
Child 1: Contact Information for Other Parent		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	ZIP Code:
Child 1: Attorney Information for Other Parent (if any)		
Name of the Other Parent’s Attorney:		
Address:		Suite/Unit:
City:	State:	ZIP Code:
Child 2		
First Name:	Middle Name:	
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth: / /
Are you enrolling this child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State:	ZIP Code:
Child 2: Contact Information for Other Parent		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	ZIP Code:
Child 2: Attorney Information for Other Parent (if any)		
Name of the Other Parent’s Attorney:		
Address:		Suite/Unit:
City:	State:	ZIP Code:
Child 3		
First Name:	Middle Name:	
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth: / /
Are you enrolling this child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State:	ZIP Code:
Child 3: Contact Information for Other Parent		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	ZIP Code:
Child 3: Attorney Information for Other Parent (if any)		
Name of the Other Parent’s Attorney:		
Address:		Suite/Unit:
City:	State:	ZIP Code:

CONTINUE ON NEXT PAGE

Child 4			
First Name:			
Middle Name:			
Last Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary
Date of Birth:	/	/	/
Are you enrolling this child:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Address:			
City:	State:	ZIP Code:	
Child 4: Contact Information for Other Parent			
First Name:		Middle Name:	
Last Name:			
Address:			
City:	State:	ZIP Code:	
Child 4: Attorney Information for Other Parent (if any)			
Name of the Other Parent's Attorney:			
Address:		Suite/Unit:	
City:	State:	ZIP Code:	
If the number of children exceeds the number of spots provided, please attach the required information for each additional child on a separate piece of paper and attach to this application.			

SECTION 4: CHILD CUSTODY INFORMATION

If a court has issued Custody, Visitation, Restraining, or No Contact orders related to the minor child or children listed above, and you are unable to provide a copy of those orders, a completed **Declaration Confirming Court Orders Form (Form SAH-2A)** MUST be attached to this application.

<p>Are you the parent or guardian of a minor child or children?</p> <p><input type="checkbox"/> YES. If yes, please complete the remainder of this section.</p> <p><input type="checkbox"/> NO. If no, please skip to the next section.</p>
<p>Has a judge or a court issued <u>Custody</u> or <u>Visitation</u> orders related to your minor child or children?</p> <p><input type="checkbox"/> YES, a judge or a court HAS issued Custody or Visitation orders related to my minor child or children. A copy of these documents is attached.</p> <p><input type="checkbox"/> YES, a judge or a court has issued Custody or Visitation orders related to my minor child or children BUT I am unable to provide a copy. A copy of the Declaration Confirming Court Orders Form (Form SAH-2A) is attached.</p> <p><input type="checkbox"/> NO, a judge or a court has NOT issued Custody or Visitation orders related to my minor child or children.</p>
<p>Has a judge or a court issued a <u>Restraining</u> or <u>No Contact</u> order that prohibits the other parent from contacting you or your minor child or children?</p> <p><input type="checkbox"/> YES, a judge or a court HAS issued Restraining or No Contact orders related to my minor child or children. A copy of these documents is attached.</p> <p><input type="checkbox"/> YES, a judge or a court has issued Restraining or No Contact orders related to my minor child or children, BUT I am unable to provide a copy. A copy of the Declaration Confirming Court Orders Form (Form SAH-2A) is attached.</p> <p><input type="checkbox"/> NO, a judge or a court has NOT issued Restraining or No Contact orders that prohibit the other parent from contacting me or my minor child or children.</p>

SECTION 5: HOUSEHOLD MEMBERS ONLY

Please complete this section with information on the **Primary Participant** (the person who is a victim of Domestic Violence, Stalking, Sexual Assault, or Human Trafficking). Provide the Primary Participant's full legal name. If there is no middle name, write "none" in the middle name box.

First Name:	Middle Name:
Last Name:	
ID Number (if assigned):	

CONTINUE ON OTHER SIDE

SECTION 6: 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.

<input type="checkbox"/>	I designate the Secretary of State as agent for purposes of service of process and for the purposes of receipt of mail. (Gov. Code §6206(a)(5).)		
<input type="checkbox"/>	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 §6206.7(b)(4).)		
<input type="checkbox"/>	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 §6206(e).)		
<input type="checkbox"/>	I am applying for the Safe at Home program because I believe EITHER that I am a victim of domestic violence, stalking, sexual assault, or human trafficking and I am in fear for my safety, or for that of the child or children for whom I am applying, or the incapacitated person on whose behalf this application is made, OR I am a Household Member of one of the above victims. (Gov. Code §6206(a)(1)(A), (B).)		
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">▶ Signature:</td> <td style="width: 40%;">Date: / /</td> </tr> </table>		▶ Signature:	Date: / /
▶ Signature:	Date: / /		

SECTION 7: ENROLLING AGENCY INFORMATION

This section **MUST** be completed in person with 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