Safe at Home
And Senate Bill 1131
October 25, 2022

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California's Confidential Address Program

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CA Secretary of State's Office, Safe at Home

Presentation Objectives

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1. Share information about Safe at Home
2. Discuss Senate Bill 1131
3. Review the application process and requirements

What is Safe at Home?

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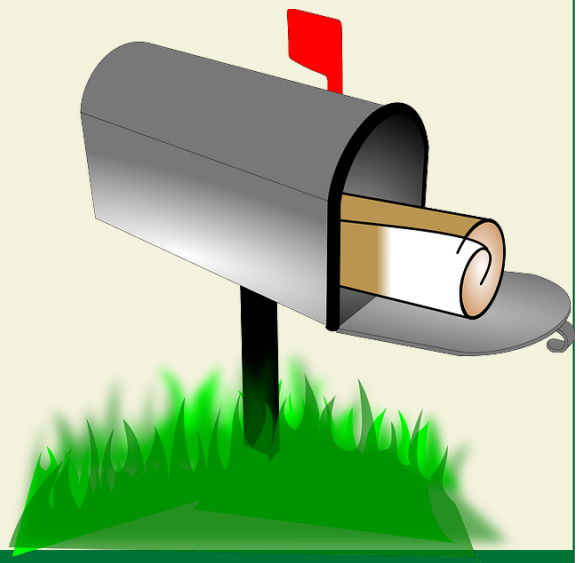
- California's Address Confidentiality Program
- Provides a substitute address
- Accepted by city, county, and state agencies
- Most effective when residential address is unknown



Who do we serve?

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SAH aids victims and survivors of:

- Domestic Violence
- Stalking
- Sexual Assault
- Human Trafficking
- Elder/Dependent Adult Abuse

In addition:

- Reproductive Healthcare Services
- Household Members
- ***And Now – Government Workers!***

Forwarding Mail

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- SAH forwards first-class mail defined as:
  - Letters & postcards with first-class postage
  - Packages no larger than 9” x 12” x 1/4” and weighing no more than 16 ounces

- SAH does not forward large packages, online purchases, magazine subscriptions, medications, liquids, or fragile items.

Mail Flow Chart

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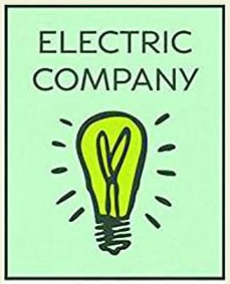

1st Class Mail from Businesses

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P.O. Box

Mail packaged in SOS envelope

OR

More than Mail Forwarding

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- Act as a Service of Process agent
- Access to ancillary services
  1. DMV Records Suppression
  2. Confidential Voter Registration
  3. Confidential Name Change
- Toll-free number 1-877-322-5227
- Provide training and technical assistance

Additional Information

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- 5,700 participants
- 70% are domestic violence victims and survivors
- Hundreds of pieces of mail processed daily
- 288 Enrolling Agencies
- 39 states have Address Confidentiality Programs
- Common myths:
  - Removes existing public information
  - Like a witness protection program

Senate Bill (SB) 1131

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- Expands SAH eligibility to include public entity workers/contractors who are in fear for their safety & have experienced threats of violence, violence, or harassment
- Allows election workers to be confidential voters
- Updates the application requirements for reproductive health care service providers, employees, volunteers, & patients
- https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1131

Enrollment Requirements

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- California resident
- Public Entity Worker or Contractor who are in fear for safety & subject to threats of violence or violence or harassment

  - Members in household, e.g., minors, adults
- Proof of employment
- Certified statements & for some restraining orders
- $30 application fee
- Enroll with a SAH designated Enrolling Agency

Enrollment Process

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In-Person Applicant

1. Appointment or walk in
2. EA will provide SAH info
3. Together EA & applicant will complete app
4. If applicant needs additional signatures/docs, they'll retrieve & provide to EA
5. EA will mail completed app & supporting docs to SAH (may include payment)
6. SAH will review & follow up with applicant, if missing info or payment is needed.
7. Once SAH approves, applicant will be enrolled in SAH

Phone Applicant

1. Appointment or call in
2. EA will provide SAH info
3. Together EA & applicant will complete as much of the app as possible, including EA section
4. EA will mail the partially completed app to applicant
5. Applicant will provide signatures on app & supporting docs
6. Applicant will mail completed app & supporting docs to SAH (may include payment)
7. SAH will review & follow up with applicant, if missing info or payment is needed
8. Once SAH approves, applicant will be enrolled in SAH

Section 1

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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).)	

- Applicants must use full legal name. If no middle name, write "none"
- For minor children & household members, must write in full name & birthdate for each. For adults, also must include phone #
- Check the last box here and provide proof of employment with public entity. Examples include, copies of:
  - Government ID badge
  - Business card
  - Hiring letter
  - Recent pay stub

Section 2

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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:

- The public entity name & address must be provided
- Your title or classification must be provided
- NOTE: if you change address, notify SAH

Section 3

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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(a)(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: / /

This section must be completed with:

- Initials for each of the 5 items
- Signature
- Date

Section 4

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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.

One of the three must be selected:

- If #1 is selected: This is a certified statement from an authorized representative on behalf of the public entity. It must be signed & dated.
- If #2 is selected: This is a certified statement by the applicant (public entity employee/contractor). It must be signed & dated.
- If #3 is selected: There must be a workplace violence restraining order attached to application.

Section 5

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Enrolling Agency Information – must be completed & SIGNED by Application Assistant before mailed to SAH or applicant.

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: / /

Supplemental Document

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Safe at Home Public Entity Enrollment Application – Supplemental Information

1. Per Gov. Code §6215.2 (d), there is an application fee required by applicants who are public entity employees and contractors who face threats or violence because of work for a public entity. Family members must also pay an application fee.
   a. The application fee is $30 per California Code of Regulations (CCR) 22100.2 (a).
   b. Safe at Home will not process an application until the application payment has been received.

2. Application payments can be made by the following methods:
   a. Check or money order in the amount of $30 written out to Secretary of State's Office that should be mailed with the application.
      - **Please Note: this is the easiest and most secure payment method.**
   b. Cash in the amount of $30 that should be mailed with the application.
   c. Credit card as indicated by handwriting at the bottom of the application "Will pay by credit card". A Safe at Home team member will call the applicant to retrieve the credit card information over the phone.

3. Per Gov. Code §6215.2 (f), public entity employees and contractors who face threats or violence because of work for a public entity will be certified for four years.

This document should be provided to every applicant.

1. Notifies applicant of application fee of $30 for everyone in household who is going to be enrolled
2. If they choose to pay the application fee by check, money order, or cash then it must be included with the application; if they choose credit card, then "Will pay by credit card" must be written on the application.
3. Each applicant, once enrolled will be certified for 4 years.

Important Reminders

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- ❑ Visit SAH website or call 1-877-322-5227 to find an Enrolling Agency where you can apply

Section 1 of Application

- ❑ Include middle name
- ❑ Include full names & birthdates for minors & adult household members
- ❑ Include phone numbers for adult household members
- ❑ Include proof of employment with application

Section 2 of Application

- ❑ Include public entity information
- ❑ Include your title or classification

Section 3 of Application

- ❑ Make sure all items are initialed and includes signature and date

Section 4 of Application

- ❑ Select one option & make sure the requirements for that option is fulfilled

Section 5 of Application

- ❑ Make sure the Application Assistant/Advocate at Enrolling Agency completes, signs, & dates

When Submitting Application

- ❑ Include cash/check/money order with the app OR write a note on app that payment will be a credit card

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Any Questions

Contact Safe at Home

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Mailing Address:
Safe at Home
PO Box 846
Sacramento, CA 95812

Toll Free: 877-322-5227
Fax: 916-653-7625
Website: www.sos.ca.gov/registries/safe-home
Public Email: safeathome@sos.ca.gov
Enrolling Agency Email: EAInquiries@sos.ca.gov

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Thank you!!!