

APPENDIX C

DECLARATION OF ADULT ABUSE REGISTRY AND/OR CHILD ABUSE REGISTRY RECORDS

This form is to be completed by persons applying to provide day services supports and/or transportation services to participants accessing day or transportation services funded by Community Living disABILITY Services (CLDS) when there is a significant delay obtaining a clear Adult Abuse Registry Check and/or a clear Child Abuse Registry Check. Persons completing this form while waiting for an Adult Abuse Registry Check and/or a Child Abuse Registry Check may not manage participants' funds and may work only under direct monitoring and oversight by an approved staff person.

Surname: _____ First Name(s): _____

Any Previous Names (birth name, etc.): _____

Date of Birth: _____
Year Month Day

Position/Duties: _____

DECLARATION:

1. Has your name been entered onto the Adult Abuse Registry?

Yes or No

2. Are you presently under investigation for abuse or neglect of a vulnerable adult as defined in The Vulnerable Persons Living with a Mental Disability Act or a patient as defined in The Protection for Persons in Care Act?

Yes or No

If yes, please provide details of the investigation, including date and offense.
 (If more space required, provide additional page.)

3. Has your name been entered on the Child Abuse Registry?

Yes or No

4. Are you presently under investigation for abuse or neglect of a child as defined in The Child and Family Services Act?

Yes or No

If yes, please provide details of the investigation, including date and offense.
 (If more space required, provide additional page.)

