

DECLARATION OF CRIMINAL RECORD AND ADULT ABUSE REGISTRY RECORD

This form is to be completed by respite providers, adult household members and visitors in the following situations:

- When respite providers providing residential care in a host family home encounter a significant delay in obtaining either a Criminal Record Check **or** an Adult Abuse Registry Check.
- When persons intending to reside in a host family home as an adult household member encounter delays in obtaining their Criminal Record Check and/or Adult Abuse Registry Check.
- When visitors will be staying temporarily in a host family home for **one to six months or 31 to 180 days in a one-year period**. Visitors of the individual(s) receiving care are not required to complete this form.

Note: Visitors staying longer than six months or more than 180 days in a one-year period are required to submit a Criminal Record Check, including a Vulnerable Sector Search, and an Adult Abuse Registry check. RCL must be notified if a visitor becomes a permanent household member.

Respite providers completing this form while waiting for a Criminal Record Check **or** an Adult Abuse Registry Check may only work under direct supervision by the operator or an approved respite provider.

Persons staying or residing at the home as visitors or household members cannot provide residential care to the individual(s) residing at the home and cannot be left alone with the individual(s).

Home/Facility: _____ Address: _____

Applicant Surname: _____ First Name(s): _____

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

Date of Birth: _____
Year
Month
Day

CIRCUMSTANCE

- Record Check Delay for Respite Provider (Complete Section A and B)

Delayed Document:

- Criminal Record Check
 Adult Abuse Registry Check

Respite Provider Duties: _____

- Visitor or Household Member (Complete Section A and C)

Visitor duration of stay: _____

SECTION A

DECLARATION

(respite providers should only complete the section relevant to the delayed document.)

CRIMINAL RECORD

1. Have you ever been convicted of a criminal offence for which you have not received a pardon, including but not limited to an offence under the [Criminal Code](#), the [Controlled Drugs and Substances Act](#), and/or the [Immigration and Refugee Protection Act](#) (and its predecessor)?

Yes or No

2. Have you ever been convicted of a sexually based offence as listed in the schedule to the [Criminal Records Act](#), for which you have since been pardoned?

Yes or No

3. Are you presently being charged or investigated for a criminal offence?

Yes or No

4. If you answered yes to any of the above, please provide details of the conviction(s) and/or charge(s), including date, offence and penalty. (If more space required, provide additional page.)

ADULT ABUSE REGISTRY RECORD

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

Yes or No

6. Are you presently under investigation for abuse or neglect of an adult living with an intellectual disability as defined in [The Adults Living with an Intellectual Disability Act](#) (formerly known as 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

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

SECTION B (To be completed by respite providers)

I declare that the above information is true and complete.

I understand that my employment is conditional upon my providing a satisfactory Criminal Record Check, including a Vulnerable Sector Search, and a clear Adult Abuse Registry Check within six months.

I also understand that I must be directly monitored at all times by the operator until I provide a Criminal Record Check/Adult Abuse Registry Check.

I further understand that, should the results of the Criminal Record Check/Adult Abuse Registry Check reveal that relevant information was omitted on this Declaration; my employment may be terminated immediately for just cause.

Applicant Signature

Signature of the Operator

Date:

SECTION C (To be completed by visitors and adult household members)

I declare that the above information is true and complete.

I understand that I may not provide residential care to the individual receiving residential care at the home.

I understand that if information is received that causes the operator, the supervising program or the RCL to believe that I have been charged or am under investigation of a crime and that there might be a risk to the individuals, I may be requested to submit a Criminal Record Check and/or an Adult Abuse Registry Check.

I also understand that, should the results of a requested Criminal Record Check/Adult Abuse Registry Check reveal that relevant information was omitted on this Declaration; my stay at the home will be reviewed by the RCL and supervising program.

Visitor Signature

Signature of the Operator:

Date:

This form is to be maintained on the applicant's file at the facility and may be requested by RCL for review at any time.