CAPA Applicant Inquire Process

ACKNOWLEDGEMENT BY APLICANT OF THE PROCESS WHEREBY THE APPLICANT'S HISTORY INRELATIONSHIP TO POSSIBLE CHILD ABUSE OR MALTREATMENT IS CHECKED AT THE STATE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT

I, _____
(name of applicant – type or print)

___ have
___ have not

been a subject of an indicated report of child abuse or maltreatment. (An indicated report of child abuse or maltreatment is a report on file with the Statewide Central Register of child Abuse and Maltreatment the New York Office of Children and Family Services because some credible evidence exists to support that you have been involved in a case of child abuse and/or maltreatment.)

I have received notice of the requirements of Social Services Law 424-a, and I understand that if information regarding my past history with the Statewide Central Register of Child Abuse and Maltreatment is contained in a report from the Register, it will be used to determine my suitability to take a position that involved regular and substantial contact with individuals receiving services. I further understand that may misrepresentation of my status or of the information given will result in administrative action which may include dismissal or discipline.

_____
(Applicants signature)

_____
(Date)

Note: A form such as this should be completed by all applicants who have the potential for regular and substantial contact with individuals served by the provider agency. It would be used to record the fact that an applicant has been informed that a background check will be made for possible indicated cases of child abuse or maltreatment. The Child Abuse Prevention Act requires that such notification be made.