



# Provider of Services Approval Request Form

Office For People With Developmental Disabilities  
 Criminal Background Check Unit  
 PO Box 3005  
 Schenectady, NY 12303-0005  
 cbc.unit@omr.state.ny.us

The purpose of this form is to enable providers of services that contract with voluntary agencies or OPWDD to obtain OPWDD's Approved Provider status for purposes related to the criminal history record check process. In order to be eligible to be an Approved Provider the company or agency must supply 1) transportation services or 2) staff. Do not complete this form if your company or agency is certified or authorized by OPWDD to provide services, or has a contract with OPWDD to provide family support services, individual support services or Medicaid Service Coordination.

**Instructions:**

1. Please complete all fields on this form.
2. This form must be signed by an authorized representative of the provider of services.
3. Please mail completed original form to the above address.

**To be completed by the provider of services (Please Print)**

Company or Agency Name	Name of Contact Person
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Name of Chief Executive Officer	Federal Tax Identification Number
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Street Address or P.O. Box

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City	State	Zip
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Phone Number	Fax Number
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Email Address (optional)

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Please indicate if your company or agency supplies transportation services or staff. Specify approximate number of employees currently provided or transporting people with developmental disabilities.

- |   |   |
|---|---|
| <input type="checkbox"/> Transportation _____ | <input type="checkbox"/> Staff _____          |
|   | <input type="checkbox"/> Direct Care _____    |
|   | <input type="checkbox"/> Clinical _____       |
|   | <input type="checkbox"/> Administrative _____ |

Indicate whether your company or agency provides these services to New York State or private providers:

- NYS OPWDD, specify DDSO(s) \_\_\_\_\_
- Private Providers, specify all \_\_\_\_\_


The provider of services (“the provider”) hereby represents, acknowledges and agrees to comply with the following provisions regarding criminal history record checks and as further required by 14 NYCRR section 633.22.

1. The provider represents as follows:
  - a. the provider is qualified to perform the services for which approval is requested and possesses any and all licenses, certificates and/or approvals from any federal, state or local governmental authority necessary or required in order to perform the services, and
  - b. neither the provider, nor any of its officers or directors has been convicted of any crime or is the subject of any pending criminal charges except as set forth herein. If necessary please attach an additional page.

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2. The provider agrees to designate at least one authorized party by submitting OPWDD form 101 (Authorized Party Designation Form) to the OPWDD Criminal Background Check Unit (CBC). It is understood that only authorized parties are allowed to request, receive and review the results of a criminal history record check. The provider may wish to identify a designee who is allowed to have access to the results of a criminal history record check by submitting OPWDD form 102 (Designee Identification Form) to the CBC. These forms will be kept on file by the provider for six years following the removal of the party as an authorized party or designee.
3. The provider will notify the CBC unit when an authorized party or designee no longer assumes that role by the completion and submission of OPWDD form 103

(Revocation of Authorized Party or Designee) within 14 days of the change of status.

4. Beginning on the date OPWDD approves the provider the provider agrees to request a criminal history record check concerning all employees who may have regular and substantial unsupervised or unrestricted physical contact with people with developmental disabilities. A criminal history record check must also be requested concerning an employee if he or she begins a new position that involves providing services to people with developmental disabilities. It is understood that, for most applicants, this process includes:

- a. Having the applicant complete and sign the Criminal History Record Check Consent form (OPWDD 105) and Information for Fingerprint Submission (OPWDD 107).
- b. The completion of a Request for Criminal History Record Check form (OPWDD 106A) by the authorized party.
- c. Making the necessary arrangements for the physical taking of prints.

For some applicants whose information is already on file with OPWDD, an expedited process should be used.

5. The provider acknowledges that no employee may be given job assignments that involve regular and substantial unsupervised or unrestricted physical contact with people with developmental disabilities until OPWDD notifies the provider of the results of the request (no “temporary approved provisional employees”).
6. The provider understands that the CBC unit will notify the authorized party of the determination indicating denial, pending denial, abeyance or not denied for each employee. At the time of notification the CBC will also inform the authorized

- party what actions shall or may be taken by the provider regarding the applicant or new employee and provider shall comply with same.
7. The provider will keep the OPWDD 105 and OPWDD 106A for six years after the party ceases to be a subject party. The provider will keep the OPWDD determination for one year and will dispose of the determination and any copies one year after it is sent by OPWDD. Disposal of records must be in a confidential manner.
  8. In the event that OPWDD sends a notice that an employee of the provider has a subsequent conviction or pending criminal charge, the provider is responsible for conducting a safety assessment of the service environment and will take all appropriate steps to protect the health and safety of the persons receiving services. In addition, the provider will monitor the outcome of any pending charge.
  9. The provider agrees to keep a roster of current employees and their staffing assignments. The roster will indicate whether the employee was the subject of a criminal history record check, and the date that the employee was hired or assumed duties which involved regular substantial unsupervised or unrestricted physical contact with people receiving services. The roster shall also specify any dates when a change in subject party status occurred (e.g an employee assumed a position involving regular and substantial unsupervised or unrestricted physical contact with people receiving services, if he or she had been in a position that did not involve such contact, or vice versa).
  10. The provider agrees to submit OPWDD form 104 (Subject Party Change in Status) whenever a person concerning whom a criminal history record check was requested is no longer employed by the provider (or was not hired) or who no longer has substantial unsupervised or unrestricted physical contact with people

with developmental disabilities or when an applicant to be an employee withdraws the application.

11. The provider understands that the authorized party and any other party to whom the OPWRDD determination is disclosed are subject to the confidentiality requirements and other provisions of 14 NYCRR section 633.22(j) and section 845-b of the Executive Law.

12. The provider agrees to develop and implement written policies and procedures related to conducting criminal history record checks. Such policies and procedures shall include criteria for:

- a. determining whether particular applicants and employees are subject to criminal history record checks;
- b. providing notifications to OPWDD when a party ceases to be a “subject party;” and
- c. evaluating and, if warranted, taking appropriate steps upon receipt of a notice about a conviction or pending criminal charge against a current employee subsequent to the initial check.

13. The provider will make any and all records related to criminal history record checks available to OPWDD upon request.

14. The provider will notify the CBC unit if it no longer has a contract with OPWDD or a voluntary agency which qualifies it for approved provider status.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Phone Number \_\_\_\_\_