

<p>See OPWDD Directive to Search Abuse/Neglect History Records for background and instructions.</p>		<p>State of New York OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES</p> <p>AGENCY RESPONSE TO OPWDD REQUEST TO SEARCH ABUSE/NEGLECT HISTORY RECORDS</p>	
<p>SECTION 1 (TO BE COMPLETED BY OPWDD IMU)</p>			
1. REQUEST NUMBER			
2. DATE OF REQUEST	3. DUE DATE OF RESPONSE		
4. NAME OF PROVIDER AGENCY RECEIVING THE REQUEST			
5. APPLICANT NAME			
6. SOCIAL SECURITY NUMBER	7. DATE OF BIRTH		
8. APPROXIMATE DATES OF EMPLOYMENT AT THE PROVIDER AGENCY LISTED IN ITEM #4			
9. APPROXIMATE DATES OF VOLUNTEER EXPERIENCE AT THE PROVIDER AGENCY LISTED IN ITEM #4			
<p>SECTION 2 (TO BE COMPLETED BY AGENCY RECEIVING THE DIRECTIVE TO SEARCH ABUSE/NEGLECT HISTORY RECORDS)</p>			
10. NAME OF PERSON COMPLETING THIS FORM FROM THE AGENCY LISTED IN ITEM #4			
11. EMAIL ADDRESS OF PERSON COMPLETING THIS FORM			
12. DATE RESPONSE SUBMITTED TO OPWDD			
<p>13. Was the applicant employed by your agency during this approximate time period (or another time period)? If the applicant was employed during another time period, please specify under “comments.”</p> <p>1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO</p>			
<p>14. Did the applicant volunteer with your agency during this approximate time period (or another time period)? If the applicant volunteered during another time period, please specify under “comments.”</p> <p>1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO</p> <p>(If the answer to both items is “No,” stop here and do not complete any additional fields. Return the form to OPWDD.)</p>			
<p>15. Is your agency a DDSOO (a local office of OPWDD)?</p> <p>1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO (If you are a DDSOO, you must search your records, whether certified or not certified.)</p>			

16. If your agency is a voluntary provider, did the applicant work or volunteer in a certified facility?

1 YES 2 NO 3 N/A

(If the answer to this item is "No", it is not necessary to search your records as any information about abuse or neglect cannot be disclosed if the incident occurred in a non-certified service operated by a voluntary provider. Stop here and do not complete any additional fields. Return the form to OPWDD.)

17. After a search of your agency's records of abuse and neglect that occurred and were discovered prior to June 30, 2013, did your agency find a substantiated report that the prospective employee or volunteer engaged in behavior that constituted abuse or serious neglect of an individual receiving services?

1 YES 2 NO

IMPORTANT: If the record concerns an allegation of neglect, the agency must evaluate the circumstances to determine whether the allegation meets the definition of "serious neglect." "Serious neglect" is defined as "Intentional acts or omissions that endanger the life or health of a person receiving services." If the allegation does not meet the definition of "serious neglect," information about the allegation of neglect cannot be disclosed and the agency should answer "No" in this item.

(If the answer is "No", stop here and do not complete any additional fields. Return the form to OPWDD.)

18. Is your agency a DDSOO; or a voluntary agency which cannot terminate employees at will?

1 YES 2 NO

19. If yes, was the employee found guilty of this abuse or neglect in a disciplinary proceeding or was there a settlement agreement in which the prospective employee or volunteer admitted guilt?

1 YES 2 NO

Note: If item 18 is checked "Yes" and item 19 is checked "No," information about the substantiated allegation cannot be disclosed. Stop here and return the form to OPWDD.

If item 18 is checked "No" OR both items 18 and 19 are checked "Yes" your agency has a substantiated allegation containing information that can be disclosed. The agency must complete a summary report form for the substantiated allegation. In the event that more than one substantiated allegation was found, the agency must complete a summary report form for each substantiated allegation. The summary report form (Form OPWDD 157) can be found at: <http://www.opwdd.ny.gov/node/4637>.

If you have any additional comments related to this request, add them here.

Send this completed form along with all completed summary report forms (Form OPWDD 157) by the due date to: mhl.check@opwdd.ny.gov