

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.

Su	rname:	First Name(s):			
An	y Previous Names (birth name, etc.):				
Da	ate of Birth:Year	Month	Day	-	
	Teal	IVIOTILIT	Day		
Po	sition/Duties:			-	
DE	ECLARATION:				
1.	Has your name been entered onto the A	dult 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 (If more space required, provide addition		late and offense.		
3.	Has your name been entered on the Chi	ild Abuse Registry?			
	Yes □ or No □				
4.	Are you presently under investigation for Services Act?	r abuse or neglect o	f a child as defined in The	Child and Family	
	Yes □ or No □				
	If yes, please provide details of the investigation (If more space required, provide addition		late and offense.		



I declare that the above information is a true and complete description of my history of adult abuse and child abuse records.

I understand that my employment is conditional upon my providing a clear Adult Abuse Registry Check and a clear Child Abuse Registry Check within six months or for a further three month period approved by the Licensing Authority. I also understand that I must be monitored at all times by a staff person approved for this purpose until I provide a clear Adult Abuse Registry Check and a clear Child Abuse Registry Check. I further understand that, should the results of the Adult Abuse Registry Check or Child Abuse Registry Check reveal that relevant information was omitted on this Declaration, my employment may be terminated immediately for just cause.

Applicant Signature	Date	
Witness Signature	Date	
Home/Facility:		
Address:		
Date:		
Employees of	(name/address of the resid	ential care facility) approved to
monitor and provide oversight to	(applicant). I	f this list needs to be revised, a
new list may be dated, signed and attached	d to this form.	
1		
2		
3		
4		
5		
6		
Signature of Applicant		This form is to be maintained on the
		service provider's personnel file.
Signature of Residential Care Facility Repr	resentative	·

Name and Position of Residential Care Facility Representative