

(151)

1. DATE OF SUBMISSION

State of New York
OFFICE FOR PEOPLE WITH
DEVELOPMENTAL DISABILITIES

2. APPLICANT NAME

Request for MHL §16.34-A
ABUSE/NEGLECT HISTORY CHECK

3. APPLICANT SSN

4. APPLICANT DOB

5. AUTHORIZED PERSON NAME

6. AUTHORIZED PERSON EMAIL ADDRESS

7. PROVIDER OF SERVICES NAME

8. IS THE PROVIDER A REGISTERED PROVIDER?

1 YES 2 NO (note that Registered Providers are required to submit requests for MHL 16.34 checks)

9. PROGRAM TYPE

(select four digit code from page 2) _____
(same as listed on CBC request)

10. APPLICANT IS:

1 Prospective Employee
2 Prospective Volunteer

11. WAS AN SEL REQUEST SUBMITTED?

1 YES 2 NO

12. WAS A CBC REQUEST SUBMITTED, OR WILL ONE BE SUBMITTED?

1 YES 2 NO

INSTRUCTIONS:

This form must be submitted to OPWDD for all prospective employees and volunteers in the OPWDD system. The form must be submitted by all certified and non-certified programs and registered providers.

The purpose of this form is to request that OPWDD conduct a check of records of substantiated allegations of abuse and neglect that occurred or were discovered prior to June 30, 2013 and that involved the applicant. This supplements the check of the "Staff Exclusion List" (SEL) requested from the Justice Center which concerns substantiated abuse and neglect that occurred on or after June 30, 2013.

This form may only be submitted by "authorized persons." Authorized persons are individuals who are currently authorized by providers of services (including registered providers) to request criminal history record checks from the Justice Center, pursuant to Section 845-b of the Executive Law.

Only providers of services in the OPWDD system may submit this form.

This form should not be used to screen multiple applicants for a position; it should only be submitted for an applicant whom the agency intends to hire or accept as a volunteer based on the information provided.

This form is submitted only after the authorized person receives results of the check of the Staff Exclusion List (SEL) from the Justice Center. If the provider is barred from hiring the applicant or has decided not to hire the applicant for any reason after the SEL check, the provider should not submit this form.

This form is only submitted for applicants when the authorized person is also submitting a Criminal Background Check (CBC) request for an applicant. This form may be submitted to OPWDD at the same time the CBC request is submitted to the Justice Center; it is not necessary for the authorized person to wait for the results of the CBC check. The form may also be submitted at the same time a check of the Statewide Central Register of Child Abuse and Maltreatment is requested.

This form is only submitted for applicants who are prospective employees or volunteers. The definition of "employee" is found in 14 NYCRR Section 633.22.

This form must be submitted in a secure manner together with a form completed by the applicant (OPWDD-152 Applicant information). The forms are submitted securely via email to: mhl.check@opwdd.ny.gov.

The authorized person should compare the completed OPWDD-152 with other information provided by the applicant during the application process to make sure that the information is consistent.

Pursuant to OPWDD regulations, the applicant is not allowed to have unsupervised contact with individuals receiving services until the results of the MHL 16.34 check are received.

Results will be sent to the authorized person at the email address provided. OPWDD will make every effort to send results as soon as possible. However, if the applicant has prior employment or volunteer work in the OPWDD system it may take several weeks.

OPWDD will inform the authorized person whether there is any history of substantiated abuse or serious neglect of which it is aware that can be disclosed. In the event that there is relevant history, OPWDD will provide a summary report of the substantiated allegation. In the event that such information is provided, the agency is required to review the information provided and to make a decision about whether to hire or otherwise allow the party to have regular and substantial contact with an individual receiving services. Such decision and the rationale for the decision shall be documented. OPWDD will also inform the authorized person if it is not aware of any abuse/neglect history that can be disclosed.

In the event that the authorized person becomes aware that the applicant is no longer under consideration or has separated from service before the authorized person has received notification of the results, please notify OPWDD so that it may discontinue the check. In this event, send a request to discontinue the check via secure email to the same mailbox with the applicant's name, SSN and date of submission of the original request.

There is no charge for MHL 16.34 checks.