

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

VULNERABLE ADULT MALTREATMENT [~~CAREGIVER MISCONDUCT~~] REGISTRY SELF-QUERY

KRS 209.032 requires vulnerable adult service providers to conduct an adult abuse, neglect, or exploitation background check on prospective employees. Kentucky Revised Statutes may be found at <http://www.lrc.ky.gov/Statutes/index.aspx>. The Vulnerable Adult Maltreatment [~~Caregiver Misconduct~~] Registry only contains information pertaining to validated substantiated findings of adult abuse, neglect, or exploitation entered on or after July 15, 2014. In accordance with KRS 209.032, only vulnerable adult services providers or individuals making a self-query are authorized to access the Vulnerable Adult Maltreatment [~~Caregiver Misconduct~~] Registry.

Please explain the reason for requesting an adult abuse/neglect/exploitation check:

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO AN ADULT ABUSE/NEGLECT/EXPLOITATION CHECK. (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Date of Birth: _____ Social Security #: _____

Present Address: _____

I hereby authorize the Cabinet for Health and Family Services (Cabinet) to complete a self-query using the web-based registry on my behalf. I also authorize the Cabinet to provide the results of the check to me at my address above and any employer or agency I have listed below. I release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information. All the information provided within this form is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, the self-query of the registry may not be conducted.

I attest that I am an individual making a self-query as authorized under KRS 209.032. I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released to persons or entities not authorized under KRS 209.120, is a violation of this agreement and the law which may result in criminal or civil liability.

Signature _____ Date _____

Witness _____ Date _____

If you would like a copy of this completed self-query sent to someone else, complete [fill in] the following information:

Name of Employer/Agency: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____



CENTRAL REGISTRY CHECK

Send the signed and completed self-query form to:

**RECORDS MANAGEMENT SECTION
DEPARTMENT FOR COMMUNITY BASED SERVICES
275 EAST MAIN STREET, 3EG
FRANKFORT, KENTUCKY 40621
EMAIL: CHFSDCBS.RMS@ky.gov [FAX: (502) 564-9554]**

FOR OFFICIAL USE ONLY

Results of the adult abuse [~~Adult Abuse~~], neglect, or exploitation check:

- No reportable incident found in accordance with 922 KAR 5:120.
- Validated substantiated [~~Substantiated~~] incident of abuse/neglect/exploitation found on the registry.

Check conducted (date): _____ **By:** _____

Please note that an exact match against the given Social Security number was performed to determine whether a validated substantiated finding of adult abuse, neglect, or exploitation exists on the registry per KRS 209.032. Investigations that are pending, under appeal, or where a substantiated finding was overturned or on appeal, will not result in a match.

If you feel there is an error in this information, please complete and submit an Open Records Request form to view your records. This form may be obtained by emailing the Records Management Section at CHFSDCBS.RMS@ky.gov [contact the Commissioner of the Department for Community Based Services, 275 East Main Street (3W-A), Frankfort, Kentucky 40621].