

Economic and Employment Support
915 SW Harrison St., Suite 580-W
Topeka, KS 66612



phone: 785-296-3349
fax: 785-296-6960
www.srs@ks.gov

Robert Siedlecki, Acting Secretary
Bobbi Mariani, Director

Department of Social and
Rehabilitation Services

Sam Brownback, Governor

February 14, 2011

RE: Adult Abuse Central Registry checks

Dear Service Provider:

This letter is to advise you regarding changes in the Adult Abuse Central Registry check process. Effective immediately agencies identified in K.S.A. 65-6205 will be able to submit a Request for Information on individuals making an application for employment. These agencies are: Community Service Providers as defined in K.S.A. 39-1803, Mental Health Centers as defined in K.S.A. 65-4432 and Independent Living Agencies as defined in K.S.A. 65-5101. This Request for Information does not require the signature of the proposed employee.

For individuals and agencies not identified in K.S.A. 65-6205 a registry check may be conducted with a Release of Information signed by the individual on whom the check is going to be done.

Please find enclosed with this letter a copy of the Request for Information, ES-1021a and the Release of Information, ES-1021. These forms are also available on the SRS public website at: <http://www.srs.ks.gov/agency/ees/Pages/EESServices.aspx>. The mailing address for the forms is listed at the bottom of each form. Requests are typically processed within 48 hrs. and returned via mail.

If you have any questions regarding these changes please contact Bessie Walker at 785.368.8105.

Thank you,

Bessie Walker, LMSW

BW:bw
enclosure

HOUSE AGING & LTC
DATE: 2/10/11
ATTACHMENT # 11

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY
REQUEST FOR INFORMATION**

All information released will be for the exclusive and confidential use of the agency requesting the information. The information provided by the applicant is true and correct to the best of the agency's knowledge.

_____ has applied for employment with our agency.
(PRINT ONLY)

Maiden Name and/or Other Names known by: _____
(PRINT ONLY)

DOB: _____ SS#: _____ - _____ - _____ Sex: M or F
(mm/dd/yyyy) (circle one)

Agency Information (please print)

Contact Person _____ Phone _____

Agency Name _____

Agency Mailing Address _____
Street, City, State, Zip

RETURN TO: Adult Abuse Registry
915 SW Harrison Room 551 South
Topeka, Kansas 66612

FOR CENTRAL OFFICE USE ONLY:

Record found?

Yes ___ No ___ If yes, finding: ___ AB ___ NG ___ EX ___ FA (Check all that apply)
"Yes" indicates the individual is listed on the Adult Abuse, Neglect, Exploitation Registry

Perpetrator's Name: _____

Region: _____ Date Report Substantiated: _____

Initials: _____ Date: ___/___/___

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Agencies may request information for the purpose of obtaining background information on applicants for employment.

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY
RELEASE OF INFORMATION**

I, _____, give permission for the release of information concerning
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* _____ Phone _____

Agency name _____

Agency mailing address _____

*If you are requesting information about yourself please complete the address information below

Maiden Name and/or
Other Names Known By: _____
(PRINT ONLY)

Address: _____

Street City State Zip Code

DOB: ____ / ____ / ____ SS#: ____ - ____ - ____ Sex: M or F
(mm/dd/yyyy) (circle one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____
(mm/dd/yy)

RETURN TO:
Adult Abuse Registry
915 SW Harrison Rm. 551 South
Topeka, Kansas 66612

FOR CENTRAL OFFICE USE ONLY:

Record found?

Yes ___ No ___ If yes, finding: ___ AB ___ NG ___ EX ___ FA (Check all that apply)

"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

Perpetrator's Name: _____

Region _____ Date Substantiated: _____

Initial: _____ Date: _____

EES Policy Memo No. 11-09-02	RE: Adult Protective Services This change is a result of changes to the process for requesting APS Adult Central Registry checks.
From: Bobbi Mariani, Director, EES	Contact Person: Bessie L. Walker Where Posted on Web: KEESM 12000
Date: February 8, 2011	KEESM Reference: KEESM 12400
Primary SRS Area(s) Affected: HR Registry Checks for APS	Other Manual Reference

The purpose of this memo is to provide the field with information regarding changes in the way information requests are completed for the Adult Abuse Central Registry. These changes take place immediately and the changes will be reflected in the May 2011 KEESM manual revision.

Background Information:

Statute 65-6205 identifies agencies that may check the registry as part of a background employment check for potential employees. These agencies are: Community Service Providers as defined in K.S.A. 39-1803, Mental Health Centers as defined in K.S.A. 65-4432 and Independent Living Agencies as defined in K.S.A 65-5101.

Specific Policy Changes Necessary:

Effective on this date, for entities covered under K.S.A. 65-6205 a Request for Information may be completed and the request does not require a signature from the individual applying for employment. This change is reflected in EES form ES -1021a.

Individuals and agencies not identified in statute 65-6205 may submit a release of information for purposes of an employment background check using EES form ES – 1021.

This change does not impact the work performed by Adult Protective Services social workers.

KEESM Section 12400

Accessing Information for the Central Registry of Substantiated Perpetrators

The names of individuals listed in the registry are those on whom a substantiated finding has been made since July 1, 1997. No names are entered in the registry until due process for the perpetrator has been completed.

An agency identified in K.S.A. 65-6205 which provides services to adults age 18 or above may submit a request for information using ES-1021a. This request does not require a signature from the individual for which the inquiry is made.

KEESM Section 12400

Accessing Information for the Central Registry of Substantiated Perpetrators

The names of individuals listed in the registry are those on whom a substantiated finding has been made since July 1, 1997. No names are entered in the registry until due process for the perpetrator has been completed.

An agency identified in K.S.A. 65-6205 which provides services to adults age 18 or above may submit a request for information using ES-1021a. This request does not require a signature from the individual for which the inquiry is made.

Agencies not identified in K.S.A. 65-6205 may also conduct a background check on potential employees using the release of information form ES – 1021. This form needs to be signed by the person on whom the check is being completed.

The Registry is available to any individual who wishes to know if his/her name is on the registry. Individuals may submit a signed release of information to learn if their name is on the Adult Abuse Central Registry.

APS workers needing to verify a record for business reasons must do so with the permission of his/her supervisor. The designated staff in the Region responsible for placing names on the registry may verify a name per worker request, with supervisor approval.