



AGENCY OF HUMAN SERVICES

Adult Abuse Registry - Check Request Form

Please print or type clearly. This form will be returned if altered or stapled.

Section I. Employer Requesting Registry Check

Employer name: _____

Employer address: _____

Employer phone number: _____ Employer fax number: _____

Employer email address: _____

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

(Authorized) Facility/Agency Signature

Date

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full name: _____ Gender: Female Male

Address (including Street address, City, State, Zip Code): _____

Phone number: _____ Date of Birth ____ / ____ / ____ Place of Birth: _____

Last 4 digits of SSN: XXX-XX-____ Other names used if any (e.g., maiden name): _____

I authorize the release of information of any substantiation against me found in the Vermont Adult Abuse Registry to the above-named facility/agency.

(Prospective/Current) Staff, Contractor, or Volunteer Signature

Date

Section III. Response from the VT Adult Abuse Registry (Office Use Only)

Employee's name **not found** in registry ____ initials Employee's name **found** in registry ____ initials

Nature of any finding: _____ Date of finding: _____

Signature of Commissioner's Designee

Date

**Mail your completed form and a self-addressed, stamped envelope to: Division
of Licensing & Protection - Adult Protective Services
HC 2 South, 280 State Drive, Waterbury, Vermont 05671-2060**