



Disabled Persons Protection Commission Abuser Registry Consent Form

Pursuant to M.G.L. c. 19C, §15, before employing or contracting with a care provider, the Department of Developmental Services (DDS) or any employer who is licensed by, funded by, or contracts with DDS is required to complete a search of the Disabled Persons Protection Commission (DPPC) Abuser Registry. As a prospective or current care provider, I understand that DDS and employers may only search the Abuser Registry with my signed consent. I also understand that DDS or employers cannot hire, utilize the services of, or employ a person who appears on the Abuser Registry or a person who refuses to consent to a search of their name on the Abuser Registry.

I hereby acknowledge and grant permission to DDS or my prospective or current employer to perform a search of my name and other personally identifying information on the Abuser Registry to determine whether I am listed on the Abuser Registry. I understand that the search of the Abuser Registry will be based upon the information exactly as provided below, and as verified by DDS or my prospective or current employer. I further understand that I may be required to provide additional information to DDS or my prospective or current employer to verify a search. Should DDS or my prospective or current employer learn that my name appears on the Abuser Registry, they will inform me that I am listed on the Abuser Registry and provide me with contact information for the DPPC.

By signing below, I provide my consent to a DPPC Abuser Registry search and affirm that the information provided is true and accurate. I also understand that New England Village may conduct this check on a regular or random basis and my signature below indicates my continued consent.

Care Provider Information – Please Print Clearly

First Name: _____ Middle Name: _____
Last Name: _____ Date of Birth (MM/DD/YYYY): _____
Last four digits of Social Security Number: _____

I attest that the information above is accurate and complete to the best of my knowledge.

(Care Provider Signature)

(Date)

DDS/Employer Verification – HR USE ONLY

I attest that I reviewed the care provider’s identifying documentation and confirmed the care provider’s identity.

(Employer Name (print))

(Date)

(Employer Signature)

(Job Title)

Result (check one): Listed on Registry: _____ No Result found: _____



New England Village

Connecting People, Purpose & Passion

CORI Request Form

As an applicant/employee for New England Village, Inc., I understand that a criminal background check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me from participating or being hired. I also understand that New England Village may conduct this background check on an annual basis and my signature below indicates my continued consent. The information below is correct to the best of my knowledge.

Applicant Signature

Date

Applicant Information (Please Print Clearly)

Last Name

First Name

Middle Name

Prior Last Name 1

Prior Last Name 2

Prior Last Name 3

Date of Birth

Social Security Number

Mother's Maiden Name

Driver's License Number
(Please attach a copy)

Issued by State

TO BE FILLED OUT BY HUMAN RESOURCE DEPARTMENT

The above information was verified by reviewing the following form of government issued photographic identification.

Requested by _____
Signature of CORI Authorized Employee

Date _____



**Background Check Form
Fingerprint for Current Employees**

As an employee for New England Village, Inc., I understand that a fingerprint check will be conducted. The information below is correct to the best of my knowledge.

Employee Signature

Date Signed

(Please Print Legibly)

Last Name

First Name

Middle Name

Address, City, State, Zip code

Email

Best Phone Number

Prior Last Name 1

Prior Last Name 2

Date of Birth

SSN

Mother's Maiden Name

HR ONLY

SUBMITTED BY: _____

Case ID: _____

Date sent: _____