

**ALABAMA DEPARTMENT OF HUMAN RESOURCES**  
**ALABAMA ELDER AND ADULT IN NEED OF PROTECTIVE SERVICES ABUSE REGISTRY CLEARANCE**

**PRINT OR TYPE in black or blue ink.**

Agency/Organization Name:

Agency/Organization Email:

Phone #:

Agency/Organization Mailing Street Address:

City:

State:

Zip Code:

**Check All That Apply:** Direct work with Vulnerable Adults  DHR  Potential Hire Date

Service Provider: (check box below)

Assisted Living Community/Center  Specialty Case Assisted Living Community/Center

Home Health Agency  Hospice Program or Residential  Hospital  Long Term Care Facility

Skilled Nursing Facility  Rehabilitation Facility  Adult Foster Homes  Other

PLEASE PRINT

Requestor's Name Last:

First:

Middle:

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and/or work with vulnerable adults**. This person's specific job/role is or will be: \_\_\_\_\_

PLEASE PRINT

Name: Last:

First:

Middle:

Sex: Male  Female  Race:

DOB:

Last 4 digits of SSN#

Current Mailing Street Address:

City:

State:

Zip:

**To be completed by person being cleared**

I authorize the Alabama Department of Human Resources (Department) to release information it maintains regarding any Alabama Adult Abuse Neglect and/or Exploitation investigation(s), Department of Mental Health investigation(s), Department of Public Health investigation(s), criminal convictions related to certain convictions and/or Protection from Abuse Orders about me to the above-named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me. I understand information being reviewed may have been generated by agencies other than DHR. I understand the purpose of the review is to assist the Department in preventing Abuse, Neglect and/or Exploitation of vulnerable adults.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by DHR**

A search of the Alabama Elder and Abuse in Need of Protective Services Abuse Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for Adult Abuse, Neglect and/or Exploitation, has criminal convictions and/or an order for Protection from Abuse. The Department releases only that information which is necessary to discover or prevent Adult Abuse, Neglect and/or Exploitation. The information being provided is accurate as of the date listed and is based on information maintained by DHR and submitted by collaborating agencies.

Information located (i.e., indicated, true, founded). Reported by: AOC  DMH  Pub Health  DHR

Charge(s) : \_\_\_\_\_

Protection from Abuse Order  Physical Abuse  Sexual Abuse  Emotional Abuse  Neglect  Exploitation

Other  \_\_\_\_\_ No information located  Request Denied

Office of Adult Protective Services : \_\_\_\_\_ Date Completed: \_\_\_\_\_