

Instructions for Completing the Alabama Elder and Adult in Need of Protective Services Abuse Registry Form (DHR-APS-2270)

Purpose: Form DHR-APS-2270 is used to request information from the Elder and Adult in Need of Protective Services Abuse Registry for employees or potential employees of hospitals, adult foster homes, assisted living facilities, specialty care facilities, home health agencies, hospice programs, long-term care facilities and rehabilitation facilities who would have direct contact with vulnerable adults.

Instructions: The agency/organization requesting the clearance **MUST** complete the entirety of DHR-APS-2270 and send by email to APSregistry@dhr.alabama.gov. Complete the form **CLEARLY** by printing or typing all required information on **EVERY** line in black or blue ink.

Requesting Agency/Organization: Print the actual name of the facility and be consistent in listing that name on all submissions. Please make sure the name of the agency/organization is included on all requests.

Email Address: Add the email address of the person submitting the forms, as the completed forms will be returned to that email address.

Phone Number: Ensure all phone numbers are in service and include area codes.

Mailing Address: Provide the correct mailing address of the organization.

Check All That Apply: “Direct Work with Vulnerable Adults” or “DHR” must be checked before processing can be completed.

Potential Hire Date: A hire date or potential hire date must be listed in this section. Please note that all submitted clearance requests should be for employees who started after January 1, 2023.

Service Provider: Please choose the type of service your organization provides. You can add more than one service if needed. If the categories do not apply, check “Other” and specify the services of your agency/organization.

Requester’s Name: Print the name of the person making the submission for the facility. The person being cleared **CANNOT** be the same as the requester.

Requester Signature/Date: The requester must sign and date the form.

Witness Signature/Date: This should be someone who witnesses the requester sign and date the form. The date is required.

Person’s Current or Potential Role: List the job or role the person being cleared performs or will be performing for the agency/organization.

Name: First and last name are required. PRINT CLEARLY.

Sex, Race, Date of Birth, Last 4 Digits of SSN: All fields must be completed or the form will be sent back.

Current Mailing Address: This is where the applicant lives and receives mail. Always include the city, state and zip code.

To be Completed by Person Being Cleared: The applicant must read the statement and sign and date the form.

Signature of Witness: The person signing should witness the applicant sign and date his/her own signature on the form in the provided section. The date must be listed.

To be Completed by DHR: Documentation of the results of this clearance will be noted in this area. The person/facility making the request will be notified of the following:

- Information was Located (True, Indicated, Founded)
- Reported by: AOC- Department of Corrections, DMH- Department of Mental Health, Pub Health- Alabama Department of Public Health, DHR- Department of Human Resources
- Charges: Protection from Abuse Order, Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect, Exploitation
- No Information Located
- Request Denied

Office of Adult Protective Services: Once the clearance is complete, the processor will list the above information, initial and date the form, and send a scanned copy of the clearance back to the requester by email.

The Office of Adult Protective Services will return completed forms to clearance requesters within 7-10 business days.