

**APPENDIX B**

**ADULT ABUSE REGISTRY RECORD STATEMENT**

This form is to be completed with the annual review/renewal for Home Shares, (including agency supported Home Shares), mental health facilities and facilities providing care for persons requiring support due to frailty or cognitive impairment related to aging.

Home/Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION:**

1. Have you ever been placed on the Adult Abuse Registry?

Yes  or No

2. Are you aware of any other persons providing residential care at the facility or of any adults (other than residents) residing at the facility, who have been placed on the Adult Abuse Registry?

Yes  or No

3. Are you presently under investigation for an allegation of abuse or neglect or are you aware of any other person(s) providing residential care at the facility or adults (other than residents) residing in the facility, who are presently under investigation for an allegation of abuse or neglect under The Vulnerable Persons Living with a Mental Disability Act or The Protection for Persons in Care Act?

Yes  or No

I declare that the above information is a true and complete history of any allegations of abuse or neglect filed against me and/or any other persons providing residential care at the facility or adults (other than residents) residing in the facility, for which an investigation is occurring under The Vulnerable Persons Living with a Mental Disability Act or The Protection for Persons in Care Act.

I further declare that I, and to the best of my knowledge, any other persons providing residential care at the facility or adults (other than residents) residing in the facility have not been placed on the Adult Abuse Registry.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Providing incorrect information may result in the cancellation of the LOA or Licence. If information is received that causes the Licensing Authority to believe that a person may pose a risk to residents or be unable to carry out their responsibilities, the Licensing Authority may request a subsequent CRC or AAR check.

This form is to be maintained on the Licensing Authority's service provider file.