Waiver Application Form

Connecticut Department of Public Health
Long-Term Care Background Search Program
410 Capitol Avenue, MS #12LEG
P.O. Box 340308
Hartford, CT 06134

Phone: (860) 509-8366 Fax: (860) 707-1976
Email: dph.ABCMS@ct.gov
Website: www.ct.gov/dph/ABCMS

Q. WHAT IS A WAIVER?

A. Section 19a-491c of Connecticut's General Statutes requires each long-term care facility, prior to extending an offer of employment or a contract with any individual who will have direct access, or prior to allowing any individual to have direct access while volunteering at such long-term care facility, to have a criminal history and background search. This law states that these employers cannot hire an individual with certain types of criminal convictions. However, in certain circumstances, the individual has the opportunity to apply for a waiver that, if granted, would allow them to be hired.

The Connecticut Department of Public Health (Department) may grant a waiver to an individual who identifies mitigating circumstances surrounding the disqualifying offense, including: (a) inaccuracy in the information obtained from the criminal history and background search, (b) lack of a relationship between the disqualifying offense and the position for which the individual has applied, (c) evidence that the individual has pursued or achieved rehabilitation with regard to the disqualifying offense, or (d) that substantial time has elapsed since committing the disqualifying offense.

You may file a written request for a waiver with the Department not later than 30 days after the date the Department mails notice to you.

Q. WHAT INFORMATION IS REQUIRED TO BE SUBMITTED WHEN APPLYING FOR A WAIVER?

A. Please include a completed Waiver Application Form and any other information you think important for the Department to consider for review, such as:

• A complete Waiver Application Form for EACH conviction that resulted in the disqualifying offense. Include what happened, how it happened, why it happened, when and where it happened and the circumstances from your point of view. Include why your waiver should be approved;
• Sponsorship letters from current or potential employers, training agencies or schools;
• Character references from persons who know your character and work history.

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- If you have been refused a license, certificate, or registration by any public or governmental licensing board, agency or regulatory authority, please explain the incident that led to the disciplinary action.

Q. HOW WILL I BE TOLD ABOUT THE RESULT OF MY WAIVER?

A. Completed applications for Waivers will be reviewed by the Department. Applicants will be notified by mail regarding the decision. The Department will mail a letter with the result of your waiver not later than 15 business days after the Department receives the completed application from you. This time period does not apply to any request for a waiver in which you challenge the accuracy of the information obtained from the criminal history and background search.

Q. WHAT HAPPENS IF MY WAIVER APPLICATION IS DENIED?

A. You may reapply in the future depending on circumstances of conviction and position sought.

Q. WHERE DO I SEND MY WAIVER APPLICATION FORM?

A. Send complete applications for Waivers and supporting documents to:

Connecticut Department of Public Health
Long-Term Care Background Search Program
410 Capitol Avenue, MS #12LEG, P.O. Box 340308
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or fax to: (860) 707-1976

If you have any questions, please email dph.ABCMS@ct.gov or call 860-509-8366.

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TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

Part 1 – Applicant Information

Last Name	
First Name	
Middle Name	
Suffix	
Maiden or Other Name(s)	
Permanent Address	
Street Address	
City	
State	
Zip Code	
Mailing Address (if different)	
Street Address	
City	
State	
Zip Code	
Telephone Number	☐ mobile ☐ home ☐ work
Secondary Telephone Number	☐ mobile ☐ home ☐ work
Email Address	
Social Security Number	☐ This is an ITIN
Date of Birth	

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Part 2 – Explanation of Conviction Information

<u>Please use one page for each disqualifying conviction.</u>

Date of Disqualifying Conviction: _____

WRITE A SHORT EXPLANATION OF WHAT HAPPENED.
Include how and where it happened, persons present and your description of the incident.
Please use additional pages, if necessary.

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EXPLAIN WHY YOU FEEL YOUR WAIVER SHOULD BE APPROVED.
Please use additional pages, if necessary.

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_____

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Part 3– Applicant Acknowledgement

I affirm that all statements made in this application and on any attachments are true and correct to the best of my knowledge and belief. I understand that deliberate falsification of information herein may constitute grounds for my rejection for a Waiver.

I understand that this Waiver Request is being submitted pursuant to the provisions of Section 19a-491c of the Connecticut's General Statues.

I agree to a thorough review and investigation of my criminal history, license status, present and past employment and other activities that may be necessary for the purpose of considering my request for a Waiver.

Applicant's Name (please print): _____

Signature of Applicant: _____

Date: _____