

CSPPPD OBRA OR INDEPENDENCE WAIVER CONSUMER OPTION
EMPLOYMENT CLEARANCE DISCLOSURE STATEMENT

All daily living service providers in the Community Services Program for Persons with Physical Disabilities (CSPPPD) OBRA or Independence Waiver must comply with the child abuse clearance provisions of the Child Protective Services Act, and with additional provisions of the Department of Public Welfare standards applicable to the waiver programs. Upon initial employment and at each two year anniversary thereafter, each consumer option employee must complete a request for clearance to be submitted to the Child Protective Services Agency and the Pennsylvania State Police, or the Federal Bureau of Investigation where applicable.

Under the Child Protective Services Act, waiver recipients may not employ any person whose

clearance certification indicates that he/she has been in the five years prior to the date of the clearance certification report:

- (a) named as a perpetrator of a “founded” report of child abuse; or
- (b) convicted of any of the crimes under Title 18 of the Pennsylvania Consolidated Statutes listed below:

Chapter 25	Relating to criminal homicide
Chapter 39	Relating to all crimes of theft
Section 2702	Relating to aggravated assault
Section 2901	Relating to kidnapping
Section 2902	Relating to unlawful restraint
Section 3121	Relating to rape
Section 3122	Relating to statutory rape
Section 3123	Relating to involuntary deviate sexual intercourse
Section 3126	Relating to indecent assault
Section 3127	Relating to indecent exposure
Section 3121	Theft by unlawful taking of disposition
Section 3922	Theft by deception
Section 3923	Theft by extortion

Section 3924	Theft by property lost or mislaid or delivered
Section 3925	Theft by receiving stole property
Section 3929	Theft of services
Section 3927	Theft by failure to make required disposition
Section 3928	Theft by unauthorized use of automobile
Section 3929	Retail theft
Section 4303	Relating to concealing death of a child born out of wedlock
Section 4304	Relating to endangering welfare of children
Section 5902b	Relating to prostitution and related crimes
Section 5903b or 5903d	Relating to obscene and other sexual materials
Section 6301	Relating to corruption of minors
Section 6312	Relating to sexual abuse of children

In addition, waiver recipients may not employ any person who has been:

- (a) named within the five years prior to the date of involvement in the CSPPPD Program, in an “indicated” as well as a “founded” report of child abuse;
- (b) convicted, within the five years prior to the date of involvement in the CSPPPD Program, of a felony not involving physical harm to a person, such as, but not limited to, grand theft, distribution of controlled substances, extortion, embezzlement, fraud or burglary; or
- (c) convicted, at any time, of a felony involving physical harm to a person which includes, but is not limited to, homicide, rape, aggravated assault, robbery and arson.

I hereby swear and affirm that I have not been named or convicted of any offense as described in Section I above **and that if I am so named or convicted at any time during my employment with waiver recipient, I will advise my employer in writing of such fact.** I understand that my employment will be terminated if I have been named or convicted of such offenses as so described prior to employment or at any time during my employment.

I further swear and affirm that I have also not been named or convicted of any offense as described in Section II above **and that if I am so named or convicted at any time during my employment with waiver recipient, I will advise my employer in writing of such fact.** I understand that my services in the CSPPPD Waiver Program will be terminated if I have been named or convicted of such offenses as so described prior to employment or at any time during my employment.

I HEREBY SWEAR/AFFIRM THAT THE INFORMATION AS SET FORTH ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT THE PENALTY FOR FALSE SWEARING IS A MISDEMEANOR OF THE THIRD DEGREE PURSUANT TO SECTION 4903b OF THE CRIMES CODE.

Date: _____ Name: _____

Witness: _____

Signature: _____