

DEPARTMENT OF HUMAN SERVICES
Social Services Division

Criminal Conviction Record Check Standards or
Protective Services Central Registry Check Standards

CHECKLIST FOR EXEMPTION REQUEST

The appropriate DHS designee review panel shall consider a request for exemption from the Division's Criminal Conviction Record Check Standards or Protective Services Central Registry Check Standards only upon the receipt of the documents listed below. The panel shall then have forty-five (45) days to complete its review and to issue its decision on the request.

This checklist, with blocks checked off to confirm the inclusion of the appropriate documents, should accompany the documents submitted to the Department. The request should be forwarded to the DHS designee by the prospective employer agency. The individual should keep copies of all submitted documents for his/her records.

1. **Form DHS 1673, "REQUEST FOR EXEMPTION (From Criminal Conviction Record Check Standards or Protective Services Central Registry Check Standards)".**
Must be completed and signed by individual requesting the exemption. A separate DHS 1673 shall be submitted for EACH exemption being requested.
2. **Criminal Conviction Record Check Report.**
This is the report from Hawaii Criminal Justice Data Center (HCJDC), and it must include the conviction for which the exemption is being sought.
3. **Protective Services Central Registry Check Report (Adult or Child Protective Services)**
This is the report or letter from the Department of Human Services, and it must include the confirmation of abuse for which the exemption is being sought.
4. **Statement of Authenticity.**
This is a statement completed and signed by the individual requesting the exemption that validates the copy of the Hawaii Criminal Justice Data Center report that is submitted.
5. **Letter from the Prospective Employer Agency.**
This letter will confirm the individual's status as a prospective direct service provider. The letter must identify the individual and the position for which the individual is being considered.
6. **Job Description.**
This description must come from the prospective employer agency. It will help the review panel to determine the relationship of the conviction to the direct services position offered to the individual.
7. **Evidence of Rehabilitation.**
Some examples of what may be submitted include: Letters from employers, letters confirming the termination of probation or parole, letters indicating completion of self-help program, such as anger management, drug treatment, etc.

SOCIAL SERVICES DIVISION

REQUEST FOR EXEMPTION (FROM CRIMINAL CONVICTION RECORD CHECK STANDARDS or PROTECTIVE SERVICES CENTRAL REGISTRY CHECK STANDARDS)

DHS 1673 (Rev. 6/02)
INSTRUCTIONS

PURPOSE

Individuals seeking an exemption from the following requirements shall use this form:

- Section III. A. and B. of the Social Services Division's Criminal Conviction Record Check Standards. The Division's Criminal Conviction Record Check Standards do not allow individuals with felony convictions to be employed as direct service providers to Division clients; OR
- Section III. A. 1 and 2 of the Social Services Division's Protective Services Central Registry Check Standards.

UTILIZATION

This form shall be used by individuals working for or seeking employment with organizations that have contracts with the Department for the provision of direct services to Social Services Division clients.

COMPLETION OF THE FORM

- Complete a separate DHS 1673 form for **EACH** exemption being requested. For example, if exemptions from a Criminal Conviction Record Check and a Protective Services Central Registry Check are being requested, two (2) separate DHS 1673s shall be completed and submitted.
- Section I. Individual Seeking Exemption: Personal information on the individual requesting the exemption is required, including:
 - Name and signature
 - Social security number
 - Date of birth
 - Home and mailing addresses
 - Home and business telephone numbers
- Section II. Reasons for Exemption: Completion of this section is self-explanatory, requiring responses to the questions listed.
- The completed form is to be returned to:
~~DHS Social Services Division
940 Richards Street, 4th Floor
Honolulu, Hawaii 96813~~

Insights To Success
P.O. Box 1290
Honolulu, HI 96807

FORM DISTRIBUTION

An original, completed form shall be returned to the Department, at the above address. Individuals completing/submitted the form should retain copies for themselves.

FORM SUPPLY

DHS 1673 shall be photocopied as needed.

REQUEST FOR EXEMPTION

(From Criminal Conviction Record Check Standards or
Protective Services Central Registry Check Standards)

Section I: Individual Seeking Exemption

Print Name: _____
Last First MI

Signature _____

Social Security No.: _____ Birth Date: _____

Home Address: _____

Mailing Address: _____

Home Telephone: _____ Business Telephone: _____

Section II: Reasons for Exemption

COMPLETE ALL OF THE FOLLOWING ITEMS. Use additional sheets of paper if necessary.

1. Identify the agency and/or client you would like to work for as a direct service provider

2. Describe the type of direct service you would be providing for the agency and/or client:

3. Why do you believe an exemption should be given for your criminal conviction or confirmation of abuse? Explain:

4. Concerning your criminal conviction or confirmation of abuse, were there things about the commission of the crime or abuse that would demonstrate that it is unlikely to occur again? Explain.

STATEMENT OF AUTHENTICITY

To be attached to copy of Criminal Conviction Record Check Report
from Hawaii Criminal Justice Data Center

I, _____ (_____ - _____ - _____) certify under penalty
of false swearing in official matters that the attached Criminal Conviction Record Check Report
from the Hawaii Criminal Justice Data Center on myself is a true and unaltered copy.

Signature

Date

and date the DHS 1645, "Authorization for Criminal History Record Clearance", and submit the completed form to the DHS designee;

2. For ACCSB and CWSB: State name checks are to be obtained from the Hawaii Criminal Justice Data Center (HCJDC) website: (<http://ecrim.hawaii.gov/ahewa/>). Individuals who do not have access to a computer may request information from the following:

Oahu: Hawaii Criminal Justice Data Center
465 South King Street, Room 101
Honolulu, Hawaii 96813

The Oahu office, for an additional fee, will process mailed-in requests for criminal history records checks.

Neighbor Islands: County police stations where HCJDC computer terminals are available. Molokai and Lanai are covered through the main police station on Maui.

- F. When name checks into the State name inquiry system are required for employment, a printed report of each name record check accompanied by a signed Statement of Authenticity that the criminal history record report is a true and unaltered copy shall be retained in the hired individual's personnel file and made available for review by DHS staff or its designee for compliance monitoring purposes.
- G. Fingerprint results and/or a printed name check in the State criminal history records, dated no more than six (6) months before the date an initial criminal history record check is required, may be accepted instead of a new criminal history record check being performed.
- H. DHS shall not be directly responsible for any cost related to the criminal history record check. Funds received through a Purchase of Service contract with DHS for administrative costs may be used to meet the cost for criminal history record checks.

III. CONVICTION RECORDS IN HIRING AND TERMINATING DIRECT SERVICE PROVIDERS

Information contained in criminal history record check reports shall be taken into consideration when hiring and terminating individuals as direct service providers. An offer of employment shall be withdrawn or the position of a direct service provider shall be terminated when a prospective or current direct service provider has a criminal history as indicated below:

- A. The criminal conviction shall have occurred within ten (10) years of the date of the criminal history record check. A criminal conviction occurring more than ten (10) years prior to the date of the criminal history record check may be considered when the criminal history of the individual may pose a risk to the health, welfare and safety of service recipients ; and
- B. The crime for which there is a conviction shall have a rational relationship to the direct service provider's position. Rational relationship means the crime for which there is a history is substantially related to the qualifications, duties and responsibilities of the direct service provider position. Crimes having rational relationships to direct service provider positions include any felony, including but not limited to theft, abuse, neglect, assault, or crimes involving violence or sexual offenses.
- C. Exemptions from the requirements of sections III. A. and B. may be approved by ACCSB/CWSB.
 - 1. Requests for exemptions shall be made in writing by using form DHS 1673, "Request for Exemption (From Criminal History Records Check Standards or Protective Services Central Registry Check Standards)", or a similar form. The individual seeking the exemption must complete the DHS 1673 or similar form. A copy of the individual's current results of a name inquiry into the State criminal history records check must accompany the request. Fingerprint results should already be on file with the DHS designee.
 - 2. The "Checklist for Exemption Request" may be used as a reminder of the documents to be submitted for EACH exemption request. All documents shall be submitted to the DHS designee.
 - 3. Unless an individual is self-employed, the employer agency must be involved in the exemption process to assure the timely submittal of all required documents and appropriateness of the exemption request. Requests for exemptions shall be routed through the prospective employer agency prior to submittal to DHS or its designee.
 - 4. For ACCSB providers, upon receipt of the written exemption request and other required documents listed on the "Checklist for Exemption Request", the DHS designee shall convene a panel consisting of three (3) professional level multi-disciplinary team members to review the request. The panel shall include individuals in at least two different professions with backgrounds in criminal justice, legal and/or the therapeutic mental health field.
 - 5. For CWSB providers, all documents shall be submitted to the CWSB Administrator. Upon receipt of the written exemption request and other required documents listed on the "Checklist for Exemption Request", the CWSB Administrator shall convene a panel to review the request. The panel may include the CWSB Administrator or designee, the CWSB Program Development Administrator, relevant CWSB Assistant Program

and Section Administrators, and anyone else deemed appropriate by the CWSB Administrator or designee.

6. The panel for ACCSB/CWSB shall consider the following:
 - a. The relevancy of the individual's conviction record to the qualifications, functions and duties of the direct service provider position the individual wishes to fill;
 - b. Passage of time since the crime was committed; and
 - c. Any evidence of rehabilitation, such as letters from counselors or therapists attesting to a sustained improvement in the individual's behavior, character references, and activities since conviction, such as employment.
 7. A single factor may not be evidence of rehabilitation. If necessary, the panel shall request additional information from the individual seeking the exemption.
 8. Individuals requesting exemptions shall be informed in writing of the panel's decision within 45 calendar days from the date the DHS designee receives all documents needed for a decision to be made. The DHS designee may extend the 45-day period with cause and a written explanation to the individual seeking the exemption.
- D. Individuals who are dissatisfied with the ACCSB/CWSB panel decisions on their exemption requests may:
1. Request an informal discussion with the ACCSB/CWSB Administrator; and/or
 2. Appeal the panel's decision to the Social Service Division Administrator.
- E.
- F. ACCSB clients may choose not to conduct criminal history record checks on individuals they hire on their own. Clients who choose not to have criminal history record checks shall complete form DHS 1672, "Consumer-Employer Choice Regarding Criminal History Record Check and Adult Protective Services (APS) Central Registry Check", to acknowledge their understanding of these standards and the purpose for the checks, and their decision not to conduct criminal history record checks or APS Central Registry checks on individuals they plan to hire as direct service providers.

Attachments

DHS 1672 with instructions

DHS 1673 with instructions

Statement of Authenticity

Checklist for Exemption Request