

**ELDERLY OR DISABLED PERSON
REQUEST FOR MASSACHUSETTS CRIMINAL HISTORY INFORMATION**

Directions: This form may only be submitted by an elderly or disabled person that is seeking to screen a homemaker, home health aide, nurse, nurses' aide or companion service provider who will be in the home of said elderly or disabled person. An "elderly person" is defined in M.G.L. c. 6, § 172C as "an individual who is sixty years of age or over." A "disabled person" is defined in M.G.L. c. 6, § 172C as "a person who is mentally retarded, as defined by G.L. c. 123B, § 1, or who is wholly or partially dependent on others to meet his daily living needs." If you are an elderly or disabled person as defined above and seek to screen a homemaker, home health aide, nurse, nurses' aide or companion, please complete this form by providing the below requested information, the notarized signature of the current or otherwise qualified prospective homemaker, home health aide, nurse, nurses' aide or companion provider, and mail same along with a self addressed stamped envelope to the Department of Criminal Justice Information Services, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit. There is no fee assessed for requests submitted for this limited purpose.

ELDERLY OR DISABLED PERSON'S AGREEMENT OF UNDERSTANDING

I, _____, under oath and affirmation state that I am an elderly or disabled person as defined in M.G.L. c. 6, § 172C and have hired, or intend to hire, the above-named homemaker, home health aide, nurse, nurses' aide or companion who will provide services for me in my home. I further understand that any person who willfully requests, obtains, or seeks to obtain CORI under false pretenses, or who willfully communicates, or seeks to communicate, CORI to any agency or person except in accordance with the provisions of sections one hundred and sixty-eight to one hundred and seventy-five shall, for each offense, be fined not more than five thousand dollars, or imprisoned in a jail or house of correction for not more than one year, or both, pursuant to M.G.L. c. 6 § 178.

Signed under the penalties of perjury, this _____ day of _____, 20__

Signature of Elderly or Disabled Person

CURRENT OR OTHERWISE QUALIFIED APPLICANT DISCLOSURE AND CONSENT

I understand that elderly or disabled persons who are interested in screening current and/or otherwise qualified prospective homemakers, home health aides, nurses, nurses' aides or companion providers providing services in said elderly or disabled person's home have been authorized by the Department of Criminal Justice Information Services to have access to all CORI, including convictions, non-convictions, and pending criminal case data, pursuant to M.G.L. c. 6 § 172C. I understand that a criminal record check will be performed on me and that the results may not be further disseminated by the elderly or disabled person.

Applicant's Signature

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Maiden Name and/or Alias	_____ Date of Birth	_____ Last six digits of Social Security Number

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

_____, SS.
COUNTY

The above-named _____ appeared before me, the undersigned authority, and acknowledged the foregoing signature(s) to be made of his and/or her own true, free act and deed.

Notary public
My commission expires on: