

REQUEST FOR RECONSIDERATION FORM

YOU MAY SUBMIT THIS COMPLETED FORM AS YOUR REQUEST FOR RECONSIDERATION

1. If you claim that the information relied upon by the agency in making the disqualification determination is **incorrect**, state your reasons for believing this.

2. If you claim that the information relied upon by the agency is **correct**, you will need to show that you do not pose a risk of harm to persons served by any licensed program at which you work, or are applying to work, or reside. To show this, answer the following questions:
 - A) What did you do that lead to your disqualification? Please be specific.
Example: Were you disqualified because of a criminal conviction, what was the crime? When did it occur?

 - B) Describe in detail the factors of all events that caused you to be disqualified.

 - C) If the event caused injury to another person (physical, psychological, emotional, financial), describe the victim and the injury.

 - D) Did the event(s) you described occur more than once? If so, how many times?

- E) If more than one event occurred, what amount of time passed between the events?
- F) What types of persons are served where you work, live, or are applying to work? (Family Day Care, Child Foster Care, Adult Foster Care) What are the vulnerabilities of the persons where you will be working, living, or applying to work? (Elderly, Developmentally Disabled, etc.)
- G) Why would you **not** pose a risk of harm to the persons served by the program where you work or live? Provide explanation.
- H) What type of training, treatment or rehabilitation, if any, have you received because of the event(s) that lead to your disqualification? If so, please describe and state when it occurred, what was involved, how long it lasted, and if you successfully completed it. Submit documentation showing that you completed any such training, treatment or rehabilitation.
- I) Supply any other information that could assist the Commissioner in determining whether or not to set aside your disqualification. Additional information may include job performance evaluations and letters of recommendation from your current and former employers/supervisors.

Signature of Disqualified Individual

Date