



Confidential
Information

Notice of Final Fitness Determination

Original Notice Amended Notice

1. Name and Mailing Address of Subject Individual BARBARA A. CHENOWETH 304 W ELM ST NEW PLYMOUTH ID 83655	2. Date of Birth (mm/dd) _____	3. Last 4 digits SSN _____
4. Position Home Care Worker		

5. Final Fitness Determination (OAR 407-007-0200 to 407-007-0370). Many factors may be considered (OAR 407-007-0300) in a "weighing test" to make a fitness determination or to close a case (OAR 407-007-0320).

A PERSON WHOSE CASE IS DENIED OR CLOSED CANNOT BE PLACED IN THE POSITION LISTED.

APPROVED

APPROVED with Restrictions (OAR 407-007-0320(2)(a)(B)): _____

DENIED (OAR 407-007-0320(2)(a)(C)) (Subject Individual must be removed from the job immediately.)

Denial based on crimes (OAR 407-007-0280):

Five-year crime _____

Ten-year crime _____

Permanent crime _____

Adam Walsh crime: (42 USC 671(a)(20)) _____

Denial based on conditions (OAR 407-007-0290):

False statement _____

Sex offender _____

Warrant _____

Deferred sentence or diversion _____

Probation/Parole _____

Probation/Parole violation _____

Unresolved charges/arrests _____

Juvenile Adjudication _____

Guilty except for insanity _____

Child protective services reports _____

CASE CLOSED (Subject Individual must be removed from the job immediately. No hearing rights.)

This notice of fitness determination is effective on the date signed below.

If you are approved with restrictions or denied, you have the right to a hearing. The request must be received within 45 days of the date in Box 9. Complete a Hearing Request Form (DHS 299) and mail it with a copy of this notice (DHS 300) to: DHS-CRU PO Box 14870 Salem OR 97309-5066.

If you do not request a hearing within the time allowed, you waive your right to a hearing. This notice of fitness determination becomes the final order in your case. If you request a hearing, but later withdraw the request or fail to appear at the contested case hearing, this notice of fitness determination becomes final as if you had never requested a hearing. You have the right to be represented by an attorney. Legal aid organizations may be able to assist if you have limited financial resources (ORS 183.415).

The hearing will be conducted in accordance with OAR 137-003-0501. See OAR 407-007-0330 for information. If you believe your criminal record is incorrect, you must contact the agency that is the holder of the record. See the instructions included with the DHS Criminal History Request Form (DHS 301).

If you need this form in larger print or in different format, or if you have questions, call toll-free 1-888-272-5545.

6. Name and Mailing Address of AD, Qualified Entity Sharon Chandler/Ontario SPD 186 E Lane #4 Ontario OR 97914	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> 7. Authorized Designee Name Marcie Kosiewicz </td> </tr> <tr> <td style="width: 60%; padding: 5px;"> 8. Signature of Authorized Designee </td> <td style="width: 40%; padding: 5px;"> 9. Date Signed (mm/dd/yy) 5/12/09 </td> </tr> </table>	7. Authorized Designee Name Marcie Kosiewicz		8. Signature of Authorized Designee 	9. Date Signed (mm/dd/yy) 5/12/09
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