



Adults with Cognitive and Physical Disabilities Services

An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
Adults with Cognitive and Physical Disabilities Services
1037 Forest Ave., Suite 11
Portland, Maine 04103
Tel: (207) 797-2426; Fax: (207) 797-2387
Nextalk 1-800-606-0215

Agency Investigator Application Form

Executive Director Nomination: I attest that _____ is an employee

Nominated employee. Please print

of _____ and has demonstrated a history of professional

Agency name. Please print

and responsible decision making as well as respect for others. I also attest that this applicant has the necessary prerequisite investigative and writing skills to become an approved agency investigator.

Executive Director Signature: _____ Date: _____

- Applicant must also:
- Be 21 Years of Age
 - Submit to a criminal record check
 - Complete the approved DHHS Agency Investigator Training
 - Obtain a clearance from Child Protective Services
 - Satisfactorily assist with one or more investigations
 - Have a 2 or 4 yr. degree or 4 yrs. progressively responsible experience

Full Name: _____ Date of Birth: _____
Last, First, Middle

Work Phone: _____ Place of Birth: _____

E-Mail: _____ Social Security # _____

I am aware that a request for a Criminal History Check will be made to the Maine State Police Criminal Investigation Division and I attest that I do not have any criminal convictions.

Please Initial _____

I attest that I have not had a substantiated allegation of child abuse or neglect with DHHS child protective services and am aware that a request for a Child Protective Services check will be conducted.

Please Initial _____

I have also attached a de-identified report or letter (at least one page) writing sample as part of my application.

A copy of my 2 or 4 year Degree (or my professional experience) is attached.

Signed: _____ Date: _____

This form and attachments should be sent to:

Adult Protective Services Manager
Dept. of Health and Human Services
1037 Forest Ave., Suite 11
Portland, ME 04103

Upon receipt of this application, a Child Protective Services Release of Information form will be mailed to you for completion and return. Please contact Priscille Cote, APS Manager at Priscille.cote@maine.gov or call 797-2426 if there are any questions about this application process.