**Request for Information per Jonathan’s Law-Chapter 24**

As required by Jonathan’s Law, Chapter 24, enacted May of 2007, a guardian, parent, spouse, adult child, or adult sibling of the person receiving services may request a copy of the initial incident report with the names removed, a meeting to discuss the incident and the final disposition of a reportable incident (abuse/neglect only). Persons receiving services, who are their own guardian, may request their own information. **All requests must be in writing via completion of this form.**

As indicated in Jonathan’s Law, the agency is required to provide, to a qualified requestor, the OPWDD 148 form, a report on actions taken to ensure the safety and well-being of the person receiving services, within 10 days of the incident occurrence/discovery.

Please indicate below the options that you are requesting by **checking the appropriate box(es) and completing the highlighted information.**

**Individual’s Name: Date of Incident:**

**Options - Check the appropriate box(es):**

**Yes No**

  **I am requesting a copy of the incident report with the names removed** *(mailed within*

*10 days after Agency’s receipt of Request for Information form)*

  **I am requesting a meeting to discuss the incident with Quality Assurance/**

**Administration Representative** *(scheduled within 10 days after Agency’s receipt of*

*Request for Information form)*

  **I am requesting final dispositions and actions taken for reportable incident**

**(abuse/neglect) after the Incident Review Committee has closed the case** *(If request*

*is prior to case closure, mailed within 21 days of closure. If request is after case closure, mailed within 21 days after Agency’s receipt of Request for Information form).*

**Requestor Name: Relationship:**

**Requestor Address:**

**Requestor Phone Number: ( )**

**Please mail the completed form to the address below:**

Attention: QA Department

Oswego Industries/The Arc of Oswego County

7 Morrill Place

Fulton, 13069