



**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                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>I am requesting a copy of the incident report with the names removed</b> ( <i>mailed within 10 days after Agency’s receipt of Request for Information form</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>I am requesting a meeting to discuss the incident with Quality Assurance/ Administration Representative</b> ( <i>scheduled within 10 days after Agency’s receipt of Request for Information form</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>I am requesting final dispositions and actions taken for reportable incident (abuse/neglect) after the Incident Review Committee has closed the case</b> ( <i>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</i> ). |

**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