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Executive Office of Health and Human Services
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Field Operations Memo 2006-9B
August 1, 2006

To: Transitional Assistance Office Staff
From:  Cescia Derderian, Assistant Commissioner for Field Operations
Re: Revised SORB Request Form

Background

DTA staff is required to determine if any member in the EA AU age 10 or older is registered as a sex offender with the Sex Offender Registry Board (SORB). This information is obtained by faxing the *Request for Sex Offender Registry Information* form (DTA-SORB) to SORB.

Purpose of Memo

The purpose of this memo is to:

- Address the process for obtaining SORB information on active EA AUs;
 - Advise staff of the changes to the DTA-SORB form, including:
 - instructions to clearly print information on the form;
 - the deletion of the SORB Liaison's D.O.B. from the form; and
 - maintaining a supply of prefilled forms, except for the SORB Liaison's signature and date, for future use;
 - Clarify that the SORB response is filed in the EA AU record; and
 - Clarify the procedures for notifying Housing and Homeless Services and the shelter when an EA AU member is a registered sex offender.
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**Current EA
AUs**

At the next case maintenance activity, eligibility review, or if the shelter questions the status of one of the shelter residents, the AU Manager or Homeless Coordinator must complete the *Request for Sex Offender Registry Information* (DTA-SORB) form to determine if a member of the EA AU, age 10 or older, is a Level 2 or Level 3 sex offender, unless the DTA-SORB form had been previously completed. Follow the instructions in Field Operations Memo 2006-9 for obtaining the information from SORB and refer to the *SORB Response* section of this memo if the response from SORB indicates a member is a registered sex offender.

**SORB Request
Form**

The *Request for Sex Offender Registry Information* (DTA-SORB) form (Attachment A) has been revised. Revisions to the form include:

- The form is faxed to the *Community Notification Unit*. The form continues to be faxed to David Raines at 978-740-6464;
- A box for “SORB Use Only” has been added;
- The SORB Liaison’s date of birth is no longer required information on the DTA-SORB form. SORB has been given a list of the names and dates of birth of all TAO SORB Liaisons and back-up SORB Liaisons. SORB will accept requests for information only from the people on this list. Therefore, the information on this list must remain accurate. If the designated SORB Liaison or back-up Liaison for the TAO changes, Central Office Field Operations must be notified;
- “Please Print Clearly” has been added by the Subject’s Name section. Staff is reminded to **clearly print the subject’s name** on the form. This will save time by not having the form returned to the TAO for clarification, thereby ensuring the appropriate shelter placement of the family.

The TAO SORB Liaison may prefill the DTA-SORB form with his or her printed name, the DTA address, telephone number and fax number. A prefilled version would save time by not having to enter this information on each form. A supply may be maintained for future office use. **The SORB Liaison is required to sign and date each form before it is faxed to SORB.**

The response from SORB must be filed in the EA AU record.

Refer to Field Operations Memo 2006-9 and 9A for prior SORB instructions.

**SORB
Response**

The SORB Liaison or the back-up SORB Liaison is responsible for forwarding the response from SORB to the appropriate AU Manager or Homeless Coordinator and making sure the AU Manager or Homeless Coordinator notifies H&HS about a Level 2 or Level 3 sex offender.

At application or after placement in a family shelter, if the TAO staff discovers that an EA AU member(s) is a Level 2 or Level 3 sex offender, the AU Manager or Homeless Coordinator must immediately fax the information to H&HS at 617-348-5585 by using the TES-EPR-1 form. H&HS considers this information when determining the appropriate shelter placement for the EA AU. Placement will be in a shelter that provides the most safeguards to avoid any threat to the health and safety of guests and/or staff. When necessary, the EA AU will be transferred to another shelter.

H&HS will notify the AU Manager or Homeless Coordinator of the EA AU's placement and the AU Manager or Homeless Coordinator must notify the SORB Liaison of the placement. H&HS notifies the shelter provider that an AU member is a registered sex offender. The shelter will be instructed to notify other shelter residents of the offender's presence.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

Commonwealth of Massachusetts
Sex Offender Registry Board

Attachment A

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and faxed to the Community Notification Unit at 978-740-6464. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

SORB USE ONLY

To the extent possible, the Board's report will be faxed to the requestor or the requestor will be called with the report information on the same day as requested.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

DTA Liaison's Name _____

DTA Address _____

Telephone _____

FAX _____

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for the protection of a child under 18 years of age or for the protection of another person who is receiving shelter benefits through the Department of Transitional Assistance.

DTA Liaison's Signature _____

Date _____

I hereby request that the following information be used to determine whether the identified individual (age 10 or older) is a sex offender required to register in Massachusetts. Date of birth is entered in mm/dd/yyyy format. **PLEASE PRINT CLEARLY.**

Subject's Name _____

Date of Birth ____/____/____

Subject's Name _____

Date of Birth ____/____/____

Subject's Name _____

Date of Birth ____/____/____

Subject's Name _____

Date of Birth ____/____/____

Subject's Name _____

Date of Birth ____/____/____

Subject's Name _____

Date of Birth ____/____/____

Subject's Name _____

Date of Birth ____/____/____

Family's Address Prior to Homelessness _____

Personal identifying characteristics of the subject(s) over age 18, if known:

Subject name _____ Sex _____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Subject name _____ Sex _____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Subject name _____ Sex _____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

If additional information is needed, please contact the DTA Liaison at the telephone number above.

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C - 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).