LDSS-3370 (Rev.01/02)

STATE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE				SCR USE ONLY
AGENCY CODE:	RESOURCE I.D.	CATEGORY USE ALPHA CODE:	PHONE NUMBER **(Area Code):**	REQUEST I.D.:

PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:

AGENCY NAME:_____

AGENCY LIAISON:_____

STREET ADDRESS:_____

CITY:_____**STATE:**_____**ZIP CODE:**_____

The particular classifications of persons who must or may be screened are set forth on the reverse side of this document.The alpha codes to complete the "Category" box above are also on the reverse side of this form

***FOR ALL CATEGORIES*: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE"**
List RELATIONSHIP in the fields below (see reverse side for instructions)*Attach additional page if necessary.*

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law, is to enable the N.Y.S. Children and Family Services to identify with the greatest degree of certainty, whether or not the person(s) being screened is the subject of an indicated child abuse or maltreatment report.. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA *__PLEASE TYPE OR PRINT CLEARLY__

SCR USE	Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
	APPLICANT						
	MAIDEN/ALIAS						

Please provide your current address and any other addresses at which you have resided since 1973, including street, city and state. For Adoption, Foster Care and Family Day Care, also include the same address history for household members 18 and older. If you or a household member achieved age 18 after 1973, provide addresses from that year to the present. Attach additional pages if necessary.

CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit or approval.

APPLICANT'S SIGNATURE	DATE

APPLICANT'S SIGNATURE	DATE

EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family Day Care provider, the information I have provided will be used to inquire of the State Central Register to determine if I am the subject of a indicated report of child abuse or maltreatment.

SIGNATURE	DATE

SIGNATURE	DATE

AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons eighteen years old and over, residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY DAY CARE, also must sign the form.

AGENCY CODE

Record your 3 digit agency code. **NOTE:** Day Care, Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha of Alpha/Numeric 3 digit code with your licensing agency.

RESOURCE I.D.

Record your RESOURCE I.D. ("RID") in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs, and local Departments of Social Services, have RIDS as of 9/01. Verify your RID with your licensing agency.

CATEGORIES

Record the appropriate category.

F - Prospective employee (fee required - see below*)

D - Prospective employee (Local DSS district - bill against reimbursement)**

Y - Prospective Day Care employee

Y - Provider of goods/services

Y - Applying to be a group family day care assistant.

Q - Applying to be group family day care provider.

Z - Prospective volunteer/consultant.

X - Applying to be adoptive parents.

W - Applying to be foster parents or family care home providers.

R - Applying to be kinship foster parents.

P - Applying to be family day care provider.

N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.)

M - Director of a summer camp, overnight camp, day camp or traveling day camp.

E - Current employee.

AGENCY LIAISON

Record the name of the person to whom the response should be sent (**cannot be the same as applicant or related to the applicant**).

APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS- This information is to be provided by the applicant/ employee/provider. See front of form.

APPLICANT(S) (at least one person must be so designated)-USE FIRST LINE

MAIDEN NAME/ALTERNATIVE/AKA: must be completed for every applicant. Record **ALL** previous names used. Start with second line. Use as many lines as needed (One last name per line)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g. son, daughter, father, mother, friend ,etc. on remaining lines (ATTACH ADDITIONAL PAGE IF NECESSARY)

IF NO OTHER HOUSEHOLD MEMBERS, record NONE on line below MAIDEN/ALIAS.

*Social Service Law 424-a has been amended to require the collection of fees for certain categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code. N.B. **A separate check must accompany each form.** See "Operating Instructions for LDSS-3370" for more detailed instructions.

**Social Service Law 424-a has been amended to allow local DSS to bill against their reimbursement the charge collected for screening prospective employees.

MAIL COMPLETED FORMS TO:
STATE CENTRAL REGISTER
P.O. BOX 4480
ALBANY, N.Y. 12204

TO ORDER MORE FORMS

Write to: New York State Family Assistance, Bureau of Forms & Print Management, P.O. Box 1990, Albany, New York 12201.