

This is a **Sample**
 NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
 Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE: P12	RESOURCE I.D. (RID) 45220	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER: 6897	CATEGORY USE ALPHA CODE: Z	PHONE NUMBER (Area Code): (914) 693 - 0600
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: The Children's Village AGENCY LIAISON: Toni-Ann Campbell STREET ADDRESS: Echo Hills CITY: Dobbs Ferry STATE: NY ZIP CODE: 10522			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/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List <i>RELATIONSHIP</i> 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. Office of Children and Family Services to identify with the greatest degree of certainty whether 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**

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT	White	Susie	F	01/01/80
APPLICANT MAIDEN/ALIAS/MARRIED NAME	Green	Susie		
spouse	White	Robert	M	8/18/79
child	White	Kyle	M	4/20/05
child	White	Katlyn	F	6/21/07
niece	Carter	Samantha	F	5/1/09

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr)	TO (Mo/Yr)
12345 Street	PH	Old town	NY	98765	05/2018	present
789 Road	10	New Town	NJ	43210	05/2003	05/2018
1011 New Drive		Blue Lake	MI	11123	01/2003	05/2003
11 Main Street	2	Black	CA	54321	12/1993	01/2003
80 Born Street		Hometown	TN	11111	01/1980	12/1993

I affirm that all the information provided on this form is true to the best of my knowledge. 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, registration or approval.

APPLICANT'S SIGNATURE <i>Susie White</i>	DATE 11/30/19	APPLICANT'S SIGNATURE	DATE / /
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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 or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE <i>Susie White</i>	DATE 11/30/19	SIGNATURE	DATE / /
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