

Instructions for Completing the State Central Register Database Check Form LDSS-3370

Please note that since May of 2009, all applicants must provide their complete addresses which they have resided for the last 28 YEARS (January 1984 or since birth) including apartment number.

It is **extremely important** that all information on the form can be easily read, so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the camp program. If the form is **incomplete or illegible**, it will be returned to you for corrections.

APPLICANT/HOUSEHOLD MEMBER AREA:

- *First line:* Indicate your name. Last name first, then first name.
- *Second line:* Any maiden names, previous married names, or aliases by which you have been known. Circle whether it's maiden or alias. Use additional lines if there is more than one maiden/married/alias name to be listed. Indicate NONE if there are no maiden or alias names.
- If there are no other household members, check off box lives alone on the line below "Maiden/Alias".**
- *Remaining lines:* Indicate the names of your household members. All household members that live with you, are to be listed in this area of the form, regardless if they are related or not. Include all adults, children and roommates. (Attach an additional page if needed.)
- *First column:* indicate the *relationship to the applicant*, of each person listed. (Spouse, son, daughter, mother, father, friend, etc.).
- *Sex M/F column:* fill in either *M* (Male) or *F* (Female) for every person listed.
- *Date of Birth column:* fill in complete date of birth (mm/dd/yy) for everyone listed on the form.

ADDRESS AREA:

- Must indicate all addresses that you have resided for the last 28 years (since Jan 1983) or since birth.
- Complete addresses are required. Include building number, street name/number, apartment number, city/town/village and zip code. **Post Office box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates of residence. If the applicant has spent time in the military, list base names and locations along with dates. **Be sure that there are no periods of time unaccounted for.**
- The top line is for the *current address*. The previous address should be listed on the second line downward, and so on going back 28 years (January 1983) or since birth. **(Attach an additional page if needed.)**

SIGNATURE AREA:

- Only the applicant's signature is required.
- All signatures should match to the names that was indicated. For example, *William Smith* should not sign *Will Smith*.
- All signatures must be dated (mm/dd/yy). **The SCR will not accept a form with a signature date more than 6 months old.**

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 SHD	RESOURCE I.D. (RID) 20074699	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: M	PHONE NUMBER (Area Code): (212) 676 - 1600	
PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:			<p>The particular classifications of persons who may 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.</p> <p>FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other persons in your home at the present time. MALE SURE YOU COMPLETE ALL MAIDEN NAME ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" IN RELATIONSHIP in the fields below</p> <p>(see reverse side for instructions) Attach additional page if necessary.</p>		
AGENCY NAME:	New York City Department of Health & Mental Hygiene				
AGENCY LIAISON:	BFSCS / Office of Window Fall Prevention & Day Camps				
STREET ADDRESS:	253 Broadway, 6 th Floor, Room 601, Box CN59A				
CITY:	New York	STATE:	NY	ZIP CODE:	10007

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 indicted 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**

Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
APPLICANT	DOE	JANE	F	5	9	63
MAIDEN/ALIAS	SMITH					
	<input type="checkbox"/> ← Check box if lives alone					
SPOUSE	DOE	JOHN	M	2	1	54
SON	DOE	JOHNNY	M	7	7	83
DAUGHTER	DOE	JANICE	F	3	20	02

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 and older. Attach additional pages if necessary.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
10 STRAWBERRY STREET	1 FL	APPLETON	NY	10599	8/01	PRESENT
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
2 LAKE PLACE	3A	GREENTOWN	NY	10799	5/93	7/01
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
378 BROAD AVENUE	12H	LONGWOOD	NY	10999	1/86	4/93
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
123 ORANGE ROAD	6F	LEMONTOWN	NY	10699	1/80	12/85
PREVIOUS STREET ADDRESS	APT #	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, registration or approval.

APPLICANT'S SIGNATURE <i>Jane Doe</i>	DATE 1/1/2012	APPLICANT'S SIGNATURE	DATE
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NAME OF DAY CAMP Johnny B Good Day Camp BORO Man. CAMIS # 41255997

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
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PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED: AGENCY NAME: New York City Department of Health & Mental Hygiene AGENCY LIAISON: BFSCS / Office of Window Fall Prevention & Day Camps STREET ADDRESS: 253 Broadway, 6 th Floor, Room 601, Box CN59A CITY: New York STATE: NY ZIP CODE: 10007			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 <i>RELATIONSHIP</i> in the fields below <i>(see reverse side for instructions) Attach additional page if necessary.</i>	

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 indicted 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**

Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
MAIDEN/ALIAS				
	<input type="checkbox"/> ← Check box if you live alone.			

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 and older. Attach additional pages if necessary.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM /	TO PRESENT
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM /	TO /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM /	TO /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM /	TO /
PREVIOUS STREET ADDRESS	APT #	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, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
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NAME OF DAY CAMP _____ BORO _____ CAMIS # _____

(Renewing Camps Only)

