

# Instructions for Completing SCR Request Form

Attached to this email are samples of the SCR form you are required to complete as part of your employment with Care Design NY. **Please follow the instructions carefully and complete ALL highlighted sections of the form.**

The SCR Request Form is a fillable form, so you may want to type in your responses and save the form as you work on it. However, the form does require a signature, and it will not accept an electronic signature. **You will need to print out this form, sign it, and scan it back to CDNY at our encrypted email address.**

*(Note : once you open the attachment, you may need to click the "Enable Editing" icon at the top of your screen in order to add your information).*

The following information is required – **PLEASE PRINT CLEARLY** :

- Line 1 "Applicant" – your name, gender and date of birth.
- Line 2 "Maiden/Alias"- your maiden name(s), or any other **first or last name** you may have used in your lifetime.
- Lines 3-9 - list the required information for **ANYONE CURRENTLY RESIDING WITH YOU** at your residence. Please indicate relationship (who they are to you – ex. spouse, mother, roommate, etc.), name, gender and date of birth. **This includes both family and non-family members - anyone who is currently staying with you at your current address.** If you require more space to list individuals currently residing with you, an additional page is attached at the back of the packet.
- **MUST TYPE ALL** Your addresses for all the places you have lived over the last 28 years, starting with the most recent and working backward for either 28 yrs, or to the year of your birth, whichever occurs first.
  - **Print neatly and legibly** – if an address is misread, it may delay your clearance.
  - *P.O. Boxes are NOT allowed – a full street address, including house number, street name, city, state and zip code must be provided.*
  - *NO abbreviations please – "St." should be written as "Street", etc.*
  - *If you have ever lived outside of the United States, please provide name of city and country, dates resided, and any other information you may have available.*
  - *Please note: there cannot be any date gaps between residences - if you moved out of a residence in June 2003, then your next residence should show you moved in, in June 2003. The attached sample highlights how the addresses should match up.*
  - *The approximate month and year you resided at each residence. The dates should be provided in the MM/YY format (ex. June 2013 would be listed as 06/13).*
  - *If you require more space to list previous addresses, an additional page is attached at the back of the packet.*

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

<b>SCR USE ONLY</b>
REQUEST I.D.:

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

AGENCY CODE <b>DOHMH</b>	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: <b>M</b>	PHONE NUMBER (Area Code):
PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:			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 are also on the reverse side of this form.  <b>FOR ALL CATEGORIES:</b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>PLEASE BE SURE YOU COMPLETE ALL MAIDEN NAMES AND ALIASES THAT APPLY. IF NONE, STATE "NONE".</b> RELATIONSHIP in the fields below  (see reverse side for instructions) Attach additional page if necessary.	
AGENCY NAME:				
AGENCY LIAISON:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		

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		
				mm	dd	yy
<b>APPLICANT</b>	<b>DOE</b>	<b>JANE</b>	<b>F</b>	<b>5</b>	<b>9</b>	<b>63</b>
<b>MAIDEN/ALIAS</b>	<b>SMITH</b>	<b>JANE</b>	<b>F</b>	<b>5</b>	<b>9</b>	<b>63</b>
<b>SPOUSE</b>	<b>DOE</b>	<b>JOHN</b>	<b>M</b>	<b>2</b>	<b>1</b>	<b>54</b>
<b>SON</b>	<b>DOE</b>	<b>JOHNNY</b>	<b>M</b>	<b>7</b>	<b>7</b>	<b>83</b>
<b>DAUGHTER</b>	<b>DOE</b>	<b>JANICE</b>	<b>F</b>	<b>3</b>	<b>20</b>	<b>02</b>

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
<b>10 STRAWBERRY STREET</b>	<b>1 FL</b>	<b>APPLETON</b>	<b>NY</b>	<b>10599</b>	<b>7/01</b>	<b>PRESENT</b>
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
<b>2 LAKE PLACE</b>	<b>PH</b>	<b>GREENTOWN</b>	<b>NY</b>	<b>10799</b>	<b>5/93</b>	<b>7/01</b>
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
<b>378 BROAD AVENUE</b>	<b>12H</b>	<b>LONGWOOD</b>	<b>NY</b>	<b>10999</b>	<b>12/88</b>	<b>5/93</b>
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
<b>123 ORANGE ROAD</b>	<b>6F</b>	<b>LEMONTOWN</b>	<b>NY</b>	<b>10699</b>	<b>1/87</b>	<b>12/88</b>
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
<b>West Africa</b>		<b>Sierra Leone</b>			<b>9/75</b>	<b>1/87</b>

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 <b>1/15/2015</b>	APPLICANT'S SIGNATURE	DATE
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