OCFS-6001 (Rev. 01/2020)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD CARE PROVIDER, STAFF, VOLUNTEER AND HOUSEHOLD MEMBER INFORMATION

CHILD CARE PROGRAMS

INSTRUCTIONS:

- Please **PRINT** clearly. This form MUST be completed by each applicant for child care provider, staff, volunteer and household member.
- If you are not sure which role to choose, refer to the child day care regulations and/or consult with your licensor, registrar, or legally-exempt enrollment agent.
- ***List all other facility ID numbers you want your fingerprints to be associated with.***

PROGRAM INFORMATION

PROGRAM NAME:	FACILITY ID NUMBER:
FACILITY ID NUMBER OF PROGRAMS YOU WANT YOUR FINGERPRINTS ASSOCIATED WITH: , , , , , , , , ,	
BUSINESS CONTACT NAME:	
PHONE NUMBER: ( ) -	EMAIL ADDRESS:

TYPE OF PROGRAM:	**Family Day Care, Group Family Day Care, Small Day Care Centers, Legally-Exempt Informal**	**Day Care Center, School-Age Child Care, Legally-Exempt Group**	**All Programs**
ROLE:	Provider Substitute (GFDC/FDC) Assistant (GFDC/FDC) Household Member	Director Group Teacher (DCC/SACC) Assistant Teacher (DCC/SACC) Teacher (LE GROUP)	Volunteer Employee

PERSONAL INFORMATION

FULL NAME (First, Middle, Last):		
DATE OF BIRTH:	GENDER:	
ADDRESS:	APT:	FLOOR:
CITY:	STATE:	ZIP:
PHONE NUMBER:	EMAIL ADDRESS:	

Have you ever been known by any other name? YES NO
If YES, list all known names (including maiden name, aliases, pseudonyms)

Have you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another country does not apply. YES NO

If **YES**, complete page 2 of this form entering all out of state addresses, including U.S. territories where you lived in the past five years. **Additional information and/or forms may be required.**

If **NO**, you do not have to complete page 2.

APPLICANT NAME:

***APPLICANT SOCIAL SECURITY NUMBER (voluntary):**

APPLICANT EMAIL:

OUT OF STATE ADDRESSES (Previous 5 years)

- **PRINT CLEARLY**
- **YOU MAY BE ASKED TO SUBMIT ADDITIONAL FORMS FOR OUT OF STATE CLEARANCES.**

Previous Street Address	City	State	Zip	From (Mo/Yr)	To (Mo/Yr)
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/

***Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance the SSAN is solicited pursuant to 42 USC §9858f and New York State Social Services Law §390-b and will be used as a unique identifier to confirm your identity with**

other states and territories because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.