



# Guidelines for Fingerprinting

**Do NOT Get Fingerprinted Until Your Application Has Been Submitted**

**BEFORE COMPLETING the Request for NYS Fingerprinting Services form**, please make additional copies for each person to be fingerprinted for your program. Consider keeping a blank copy of the form on site.

Fingerprinting is required for the Owner/Operator, Director, Provider, Site Supervisor, Household Members age 18 and over, Assistants, Substitutes as well as all Employees and Volunteers in accordance with New York State law and OCFS child care regulations.

1. ***Anyone who has been previously fingerprinted by OCFS*** for the purposes of child day care or foster care or adoption approval, may not need to be fingerprinted again. You may instead be eligible for a waiver. Contact your licensor or registrar before continuing.
2. If anyone has not been fingerprinted by OCFS before, you must go to an authorized digital imaging center in New York State.
  - Complete the Request for NYS Fingerprinting Services form on the next page;
  - Schedule an appointment by calling 1-877-472-6915 or by going to the following website: <http://www.identogo.com/FP/NewYork.aspx>.
  - You can select the location for your fingerprinting when you schedule your appointment.
3. The Request for NYS Fingerprinting Services Form must be completed accurately with no blank fields. Use the information from this form when making the appointment. When being fingerprinted for child day care purposes, please disregard the foster care/adoption fields.
  - Make sure that the Facility/Agency ID Number and the Facility Name/Address under the "Contributor Agency Section" are completed correctly. The Facility/Agency ID number is the license/registration number assigned to the program for which you are applying.
  - Each person to be fingerprinted must complete the Applicant section with their own information. For the purposes of this form, "Applicant" means the person to be fingerprinted.
  - Everyone must also select the appropriate role in the Child Day Care/Role of Applicant section.
4. On the day of the fingerprinting appointment:
  - Bring the completed form for each person being fingerprinted. No one will be fingerprinted without this form. There are no blank forms available at the scan location.
  - Each person must bring the appropriate Identification (ID) listed on the back of the form. No one will be fingerprinted without appropriate ID.
  - Your picture may be taken and your identification will be validated.

Additional "Request for NYS Fingerprinting Services" forms (OCFS-4930) are available online at <http://ocfs.ny.gov/main/documents/docsChildCare.asp> by calling 518-473-0971 (refer to form number OCFS 4930).

If you have additional questions, please contact your licensor or registrar.

NEW YORK STATE  
**REQUEST FOR NYS FINGERPRINTING SERVICES**  
**Child Day Care Programs**

**Enrollment Information:**

Applicant must have an appointment to be fingerprinted. At the appointment, the applicant will need to bring this form and acceptable ID.

Appointments can be made by contacting the vendor at one of the following:

**Website:** <https://uenroll.identogo.com/workflows/15441V> or the **Call Center:** 877-472-6915

**Contributor Agency Section:**

Service Code: 15441V Contributor Agency: NYS Office of Children and Family Services-Child Day Care Programs

Facility/Agency ID Number: 849051

Facility Name/Address: \_\_\_\_\_

**Fingerprint Applicant Section:**☐ New Submission☐ Resubmission

Name of Applicant: Christina Shaffer

Alias / Maiden Name: \_\_\_\_\_

Street \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date of Birth:   /  /  

Sex: ☐ Male ☐ Female ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ Other ☐ Unknown

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs.

State/Country  
of Birth: \_\_\_\_\_

**Role of Fingerprint Applicant (please check one):**

**CHILD DAY CARE:** ☐ Director (D) ☐ Provider (F) ☐ Employee/Teacher (T) ☐ Volunteer (V)  
☐ Household Member over the age of 18 (HM)

**Fingerprint Applicant Affirmation Section**

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

Applicant Signature: **X**

Date:   /  /  

**Payment Section:**

Agency Billing Account

**Accepted Forms of Identification to bring to your appointment (must be valid and not expired):**

- Driver license issued by a state or outlying possession of the United States, U.S.
- Driver license PERMIT issued by a state or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a territory of the U.S.
- State ID card (or outlying possession of the U.S.) with a seal or logo from state or state agency
- Commercial driver license, issued by a state or outlying possession of the U.S.
- Department of defense common access card
- Employment authorization document that contains a photograph
- Foreign driver license (Mexico and Canada only)
- Foreign passport
- Military dependent's identification card
- Permanent resident card or alien registration receipt card (form I-551)
- U.S. Coast Guard Merchant Mariner Credential
- U.S. Military identification card
- U.S. passport
- U.S. Tribal card (enhanced only) or U.S. Bureau of Indian Affairs identification card
- U.S. visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the U.S.
- Uniformed Services identification card (form DD-1172-2)

**Identification if under 18 and nothing else available:**

Persons under the age of 18 who are unable to present an acceptable photograph document listed above, shall provide a social security card or a birth certificate.

A *New York Photo ID Waiver for Minors* form (OCFS-4931) must be completed and signed by a parent or guardian at the time of fingerprinting at the fingerprinting site location.

**Do not sign this form in advance.**

**Hard to Print Applicants**

You may need to be printed in the traditional format of ink-and-rolled prints if you are:

- A) over the age of 18 and have a disabling condition that prevents you from leaving your home; or
- B) if your fingerprints are difficult to print.

The ink and rolled fingerprints should be accompanied by a completed OCFS-4930 *Request for NYS Fingerprinting Services* form and mailed with tracking to the New York State Office of Children and Family Services, Criminal History Review Unit (*at the following address*):

**Capital View Office Park  
52 Washington Street  
Criminal History Review Unit, Room 209 South  
Rensselaer, NY 12144**

\* Staff with fingerprint images on file with OCFS may be eligible for a waiver. Contact the licensor/registrar or director of the program for more information.

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

- **ALL** information on the form must 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 program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

**THE PROPER WAY TO COMPLETE THE FORM:****AGENCY INFORMATION****TOP LINE OF FORM:**

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Daycare providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID number. (Contact your licensing agency/Regional Office if you have any questions).
- Clearance Category letter code ([see back of Form LDSS-3370](#)) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

**AGENCY ADDRESS AREA:**

- Agency Name: Please use full name, no abbreviations
- Agency Liaison: is the contact person at the inquiring agency. (\*The SCR response will be addressed to the liaison.) **The liaison cannot be the applicant or a relative of the applicant.**
- Agency Address: Must include street, city

**APPLICANT INFORMATION****APPLICANT/HOUSEHOLD MEMBER AREA:**

- **ALL** HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.

- Remember to **write clearly** or **type** all information in order to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.
- First line: Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- Second line: Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- Remaining lines: Names of all other household members. (Attach an additional page if needed.)

- If there are no other household members, indicate NONE on the line below "Maiden/Alias".**
- 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:**

The information required varies depending on the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for categories), provide addresses for the applicant and any household member who is 18 and older. We need this information for the last 28 years. Attach supplemental pages if necessary, but **do not use** another LDSS-3370 form to list this additional information. Be sure to associate address histories with particular individuals (i.e., indicate which addresses are for which household members).
- For all other categories, only the applicant's address history is required – for the last 28 years.
- Complete addresses are required. Include street name and city/town/village. Also include street number and apartment number. **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 to the back of the form for the last 28 years. Staple the attached supplemental page to the form if more space is needed, but do not use another copy of the LDSS-3370 for this additional information.

**SIGNATURE AREA:**

Signatures required depend upon the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for category), signatures are needed from the applicant and any household member who is 18 or older.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area-for example; Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked "Applicant's Signature", household members over 18 who are not applicants must sign in the boxes at the extreme bottom of the page marked "Signature".
- All signatures must be dated (mm/dd/yy). The SCR will not accept a form with a signature date more than 6 months old.

If you have questions regarding proper completion of this form, **please call the SCR at 518-474-5297.**

**SUBMIT YOUR COMPLETED LDSS-3370 FORM TO YOUR LICENSOR OR REGISTRAR  
BE SURE TO INCLUDE THE REQUIRED FEE**

**TO ORDER A SUPPLY OF LDSS-3370 FORMS:**

Please access the (OCFS-4627) **Request for Forms and Publications**, from the Intranet:

[http://ocfs.state.nyenet/admin/forms/Management\\_Services/](http://ocfs.state.nyenet/admin/forms/Management_Services/)

Internet [http://ocfs.ny.gov/main/documents/forms\\_keyword.asp](http://ocfs.ny.gov/main/documents/forms_keyword.asp) and mail the completed **OCFS-4627 Request for Forms and Publications**, to: **THE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834.**

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:   | RESOURCE I.D. (RID) | CHILD CARE FACILITY SYSTEM (CCFS) NUMBER: | CATEGORY USE ALPHA CODE:  | PHONE NUMBER (Area Code):<br>(   )   - |
| <b>PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS</b><br><br><b>AGENCY NAME:</b><br><b>AGENCY LIAISON:</b><br><b>STREET ADDRESS</b><br><b>CITY:</b> |                     |   | 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<br><br><b><u>FOR ALL CATEGORIES:</u></b> 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<br><br><i>(see reverse side for instructions) Attach additional page if necessary.</i> |  |
|  |                     | <b>STATE:</b>                             | <b>ZIP CODE:</b>  |  |

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**

| RELATIONSHIP TO APPLICANT | LAST NAME | FIRST NAME | SEX<br>M/F | DATE OF BIRTH |  |  |
|---------------------------|-----------|------------|------------|---------------|--|--|
| <b>APPLICANT</b>          |           |            |            |               |  |  |
| <b>MAIDEN/ALIAS</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 of age and older.

|                         |       |      |       |     |      |    |
|-------------------------|-------|------|-------|-----|------|----|
| CURRENT 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 |
| PREVIOUS STREET ADDRESS | APT # | CITY | STATE | ZIP | FROM | TO |

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 | 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 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 | 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 and GROUP 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 AND GROUP FAMILY DAY CARE also must sign the form.

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

**DAYCARE PROVIDERS**-Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID (RID) number. (Contact your licensing agency/Regional Office if you have any questions).

**RESOURCE I.D. (RID)**-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 RID'S as of 9/01. Verify your RID with your licensing agency. If you need assistance, email: [ocfs.sm.conn\\_app@ocfs.ny.gov](mailto:ocfs.sm.conn_app@ocfs.ny.gov)

**CLEARANCE CATEGORIES** - Record the appropriate category.

|  |   |
|--|---|
| <p><b>A</b> – Adult Services/Family Type Home for Adults</p> <p><b>D</b> - Prospective employee (<i>Local DSS district - bill against reimbursement</i>)**</p> <p><b>E</b> - Current employee.</p> <p><b>F</b> - Prospective/new employee other than day care employees. (fee required - see below)*</p> <p><b>J</b> - Over 18 Household member (with no child care role)</p> <p><b>M</b> - Director of a summer camp, overnight camp, day camp or traveling day camp.</p> <p><b>N</b> - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below)*</p> <p><b>P</b> - Applying to be family day care provider. (<i>fee required - see below</i>)*</p> | <p><b>Q</b> - Applying to be group family day care provider. (<i>fee required see below</i>)*</p> <p><b>R</b> - Applying to be kinship foster parents.</p> <p><b>S</b> - Provider of goods/services</p> <p><b>U</b> - Universal Pre-K Teacher (<i>fee required – see below</i>)*</p> <p><b>W</b> - Applying to be foster parents or family care home providers.</p> <p><b>X</b> - Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</p> <p><b>Y</b> - Prospective <u>Day Care</u> employee (<i>fee required - see below</i>)*<br/>- Applying to be a Group Family Day Care Assistant. (fee required see below)*</p> <p><b>Z</b> - Prospective volunteer/consultant.</p> |
|--|---|

**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 requires the collection of a \$25.00 fee 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 twenty-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.**

\*\*Social Service Law 424-a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

**If you have questions, please call the SCR at 518-474-5297.**

**SUBMIT YOUR COMPLETED LDSS-3370 FORM TO YOUR LICENSOR OR REGISTRAR  
BE SURE TO INCLUDE THE REQUIRED FEE**

### TO ORDER A SUPPLY OF LDSS-3370 FORMS:

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[http://ocfs.state.nyenet/admin/forms/Management\\_Services/](http://ocfs.state.nyenet/admin/forms/Management_Services/)

Internet [http://ocfs.ny.gov/main/documents/forms\\_keyword.asp](http://ocfs.ny.gov/main/documents/forms_keyword.asp) and mail the completed **OCFS-4627 Request for Forms and Publications**, to: **THE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834.** If you have difficulty accessing a form on either site, you can call the automated Forms Request Line at 518-473-0971.

STAPLE TO LDSS-3370 (IF NEEDED)

**STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM**  
**ADDITIONAL PAGE**

**(Use only if the space on the LDSS-3370 form is not sufficient)**

**APPLICANT NAME:** Christina Shaffer

**Print clearly, All dates must be consecutive. Be sure to associate address histories with particular individuals**

[illegible]

STAPLE TO LDSS-3370 (IF NEEDED)

## STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

**(Use only if the space on the LDSS-3370 form is not sufficient)**

**APPLICANT NAME:** Christina Shaffer

**Other Household Members** are (please print clearly):

[illegible]