# Instructions for Completing the State Central Register Database Check Form

It is important that all information can be easily read, so that data entry and results are accurate. Each SCR Database Check form 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:

- Next to "APPLICANT," write your name, last name first.
- Next to "MAIDEN/ALIAS," list any maiden names, previous married names, or aliases by which you have been known. Select whether it is a maiden name or alias. Use additional lines if there is more than one maiden/previous married/alias name to be listed.

Indicate "NONE" if there are no maiden or alias names.

- Check the box if there are no other household members.
- Otherwise, indicate the names of all household members whether or not they are related to you. Include all adults, children and roommates. (Attach an additional page if needed.)
  - In the "Relationship to Applicant" column, indicate the relationship, of each person to you, e.g. spouse, son, family member, or other.
  - In the "Sex" column, indicate M (Male) or F (Female) for each person listed.
  - In the last column, fill in the date of birth (mm/dd/yy) for each person listed.

#### **ADDRESS AREA:**

- Provide all addresses at which you have resided for the last 28 years, starting with your current address and then working back in time. Attach an additional page if needed.
- Complete addresses are required. Include building number, street name/number, city/town/village and zip code. P.O. box numbers are not acceptable.
- If you have lived abroad, indicate country and dates of residence. If you have spent time in the military, list base names and locations along with dates.
- Be sure that there are no periods of time unaccounted for.

### **SIGNATURE AREA:**

- Only your signature is required.
- Your signature should match the name you provided in the Applicant Area. For Example, if the name you provided was "William Smith," you should not sign the form "Bill Smith."
- You must date (mm/dd/yyyy) the form next to your signature. 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 FORM

SCR	USE	ONL	_Y

REQUEST I.D.:

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Camp Address: 75 South Camp Road, Down Town, NY 10699

# NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

### STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM

Agency Use Only

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REQUEST I.D.:

			ALL IN	FORM/	ATION MUST	FBE CO	MPLETE.	PLEASE PRINT	OR TYPE						
AGENCY CODE	RESOURC	E I.D. (RI	ID)	CHILD CAF	RE FACILITY SYST	TEM (CCFS) I	NUMBER:	CATEGORY USE ALP	HA CODE:	PHON	E NUMBER	R (Area Co	ode):		
DOHMH								M (646) 632-6100							
PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:  AGENCY  New York City Department of Health & Mental Hygiene								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							
NAME:			, i				75	on the reverse side of this form							
AGENCY Bureau of Child Care LIAISON:								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							
STREET ADDRESS:								MAIDEN NAME/A STATE "NONE" L	ist RELATIO	NSHIP i	n the fiel	ds belo	w		
CITY:	STATE: ZIP CODE:							(see reverse side necessary.	for instruction	ns) Attao	ch additi	onal pa	ge if		
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APPLICANT'S SIG		or disr	missal from	employn	DATE	or revocat	ion of a lice	ense, certificate, pe	rmit, registrat	tion or a	pproval.				
Camp Name:									Recor	d ID#:_					
Camp Addres	ss:														

## STAPLE TO SCR form (IF NEEDED)

### STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

(Use only if the space on the SCR form is not sufficient)

APPLICANT NAME:	

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

Previous Street Address	Apt#	City	State	Zip	From	То
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## STAPLE TO SCR form (IF NEEDED)

## STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

(Use only if the space on the SCR form is not sufficient)

APPLICANT NAME:	
	Other Household Members are (please print clearly):

SCR Use Relationship to	Relationship to Applicant	Last Name	First Name	Sex	Da	te of B	irth
Only	Applicant	Last Name	First Name	M/F	ММ	DD	YY
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