

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>IU9</b>	RESOURCE I.D. (RID) <b>1066</b>	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: <b>E</b>	PHONE NUMBER (Area Code): <b>(631)608-5502</b>
<b>PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:</b> AGENCY NAME: <b>THE LONG ISLAND HOME</b> DBA: <b>SOUTH OAKS HOSPITAL</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  <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>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</b>  <i>(see reverse side for instructions) Attach additional page if necessary.</i>	
AGENCY LIAISON: <b>MARIA D'AMICO</b>				
STREET ADDRESS: <b>400 SUNRISE HIGHWAY</b>				
CITY: <b>AMITYVILLE</b>	STATE: <b>NY</b>	ZIP CODE: <b>11701</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 M/F	DATE OF BIRTH
APPLICANT	X	X	X	X
MAIDEN/ALIAS	X			
X				
X				

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 X	DATE X	APPLICANT'S SIGNATURE	DATE
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**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
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## 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.cohn\\_app@ocfs.state.ny.us](mailto:ocfs.sm.cohn_app@ocfs.state.ny.us)

### CLEARANCE CATEGORIES

Record the appropriate category.

F - Prospective/new employee other than day care employees. (fee required - see below)\*

D - Prospective employee (Local DSS district - bill against reimbursement)\*\*

Y - Prospective Day Care employee

Y - Provider of goods/services

Y - Applying to be a group family day care assistant.

Q - Applying to be group family day care provider.

Z - Prospective volunteer/consultant.

X - Applying to be adoptive parents pursuant to an application pending before the inquiring agency.

W - Applying to be foster parents or family care home providers.

R - Applying to be kinship foster parents.

P - Applying to be family day care provider.

N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.)

M - Director of a summer camp, overnight camp, day camp or traveling day camp.

E - Current employee.

### 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).

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**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 fees 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 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 regarding proper completion of this form, please call the SCR at 518-474-5297.

### MAIL YOUR COMPLETED LDSS-3370 FORM TO:

STATEWIDE CENTRAL REGISTER  
P.O. BOX 4480, Attention: Service Center Unit  
ALBANY, N.Y. 12204-0480

### 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/SCR/> Internet: <http://www.ocfs.state.ny.us/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to:

THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144. If you have difficulty accessing a form on either site, you can call the automated forms hotline at 518-473-0971.

## NOTIFICATION OF SOCIAL SERVICES LAW 424-a PROCEDURES

(Please read both sides carefully. It may impact upon your employment or service to this agency.)

Section 424-a of the Social Services Law requires authorized agencies, including local social services districts, the Division for Youth, special act school districts, residential schools which are operated, supervised or approved by the education department and licensed day care centers to inquire whether a person actively being considered for employment who will have the potential for regular and substantial contact with children being cared for by the agency is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment. This section also requires these same agencies to make such an inquiry regarding an individual or an employee of an individual, corporation, partnership or association which provides goods or services to the agency and who has or will have the potential for regular and substantial contact with children being cared for by the agency. In addition to these required steps, Section 424-a permits authorized agencies, including local social services districts, the Division for Youth, special act school districts, residential schools which are operated, supervised or approved by the education department and licensed day care centers to make inquiries to the State Central Register regarding any current employee, any person who has volunteered his or her services to the agency or any person to be hired as a consultant who has or will have the potential for regular and substantial contact with the children being cared for by the agency.

This agency will make such an inquiry to the State Central Register regarding you based on the position for which you have applied, are being considered or which you currently occupy. You will be notified by the New York State Department of Social Services if the result of this inquiry shows that you are the subject of an indicated report of child abuse or maltreatment.

If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, this agency must consider that factor, along with other background information, in determining whether to employ you, retain you as an employee, use you as a volunteer, hire you as a consultant, or allow you access to provide goods or services to this agency. You may be asked to provide details of the situation(s) or incident(s) that gave rise to the indicated report. You may also be asked to sign a release allowing this agency to receive a copy of the indicated report on file with the State Central Register.

If you are denied employment, terminated as an employee or volunteer, not accepted as a volunteer, not hired as a consultant or denied access to the agency to provide goods or services, you will be provided with a written statement from this agency which sets forth the reason(s) for the denial. If the denial is based, in whole or in part, on the existence of an indicated report of child abuse or maltreatment, the statement will include that basis in the explanation of the denial.

(continued on back)