

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

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE				SCR USE ONLY
AGENCY CODE: u15	RESOURCE I.D. 1447	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code): (845) 279 - 2995	REQUEST I.D.:

**PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:**

AGENCY NAME: Green Chimneys

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AGENCY LIAISON: Barbara A. Crapa

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STREET ADDRESS: 400 Doansburg Road, Caller Box 719

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CITY: Brewster                      STATE: NY                      ZIP CODE: 10509

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

**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 MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE"**

*List RELATIONSHIP in the fields below (see reverse side for instructions) Attach additional page if necessary.*

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**

SCR USE	Relationship to Applicant	LAST NAME	FIRST NAME	SEX 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 since 1973, 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. If you or a household member achieved age 18 after 1973, provide addresses from that year to the present. Attach additional pages if necessary.

CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

**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	DATE
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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 State Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE
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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.

### RESOURCE I.D.

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 RIDS as of 9/01. Verify your RID with your licensing agency.

### CLEARANCE CATEGORIES

Record the appropriate category.

- F – Prospective/new employee (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**).

**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.** See "Operating Instructions for LDSS-3370" for more detailed instructions.

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

### **MAIL COMPLETED LDSS-3370 FORMS TO:**

**STATE CENTRAL REGISTER  
P.O. BOX 4480  
ALBANY, N.Y. 12204-0480**

### **TO ORDER MORE FORMS:**

Please access the (OCFS-4627) **County Forms Request**

Internet: <http://www.ocfs.state.ny.us/main/forms/> and mail the completed OCFS-4627 **County Forms Request** to: **The Office of Children and Family Services, Forms Management Unit, Room 101, South Building, 52 Washington Street, Rensselaer, NY 12144**

## Instructions for Completing the State Central Register Database Check Form

**LDSS-3370 – Rev. 9/2003**

- **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.)
- 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: for SCR use only – leave this blank.
- Second 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 everyone in the household who is 18 or older. We need this information from January 1973 or from the date the applicant turned 18 (if this is later than January 1973) to the present. 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 – from January 1973 or from the date the applicant turned 18 if after January 1973.
- 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 back to January 1973 or the applicant's 18<sup>th</sup> birthday which ever date is later. 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.

##### TO ORDER MORE FORMS:

Please access the (OCFS-4627) **County Forms Request**, from the Internet: <http://www.ocfs.state.ny.us/main/forms/> and mail the completed OCFS-4627 **County Forms Request**, to: **The Office of Children and Family Services, Forms Management Unit, Room 101, South Building, 52 Washington Street, Rensselaer, NY 12144.**

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





