LDSS-3370 FRONT

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):
HM9	21064343			(718) 866-4569

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

AGENCY NAME: Big Minds, Tiny Hands

AGENCY LIAISON: Melina Maldonado

STREET ADDRESS: 12 N. Broadway, Unit 2B

CITY: Yonkers **STATE:** NY **ZIP CODE:** 10701

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 indicted 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 mm	dd	yy
APPLICANT						
☐ MAIDEN/☐ ALIAS						
☐ ← Check this box if there are no other household members.						

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 and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO PRESENT
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR

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

Camp Name: _____ Record ID#: _____

Camp Address: _____

STAPLE TO LDSS-3370 (IF NEEDED)

STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

(Use only if the space on the LDSS-3370 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	To
					/ MONTH YEAR	/ MONTH YEAR
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(Use only if the space on the LDSS-3370 form is not sufficient)

APPLICANT NAME: ______________________________

Other Household Members are (please print clearly):

SCR Use Only	Relationship to Applicant	Last Name	First Name	Sex	Date of Birth		
				M/F	MM	DD	YY