

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
FAMILY FIRST PREVENTION SERVICES ACT OF 2018 (FAMILY FIRST ACT)
CHILD ABUSE REGISTER CHECK
FOR USE BY PROSPECTIVE OR CURRENT EMPLOYEES OF A CHILD CARE INSTITUTIONS
CURRENTLY LIVING OUTSIDE NEW YORK STATE

I, _____, hereby authorize the release to the following Agency or his/her

designee ND DHHS, Criminal Background Check Unit
(AGENCY)

of 600 E. Boulevard Avenue, Dept 325, Bismarck ND 58505-0250
(MAILING ADDRESS FOR AGENCY)

701-328-7575 dhscfscbc@nd.gov
(AGENCY PHONE NUMBER AND EMAIL ADDRESS)

by the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) of **all information** contained within the SCR regarding **indicated¹** reports in which I am a subject of the report, to the extent permitted by section 422(4)(A) of the Social Services Law, in relation to my request to be approved as a prospective child care provider.

Following is information about me, my children and other persons residing in my current household, as well as at my previous addresses. This information is necessary to enable the SCR to conduct a thorough search of its records. I understand that the listing of these persons will not result in the release of information regarding any reports involving them in which I was not a subject of the report.

Please note that each individual who is subject to this background/history search must fill out a separate form. Use additional pages as necessary.

I. PROSPECTIVE/CURRENT EMPLOYEE (Child Care Institution)				
LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
MAIDEN NAME/ALIAS				
CURRENT ADDRESS	CITY	STATE	ZIP	FROM / TO / / / / /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO / / / / /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO / / / / /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO / / / / /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO / / / / /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO / / / / /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO / / / / /

¹ An indicated report is a report of child abuse and maltreatment supported by at least some credible evidence at the conclusion of investigation.

SIGNATURE OF APPLICANT

On this day of , 20 , before me personally came

to me known and known as the same person described in and who executed the within statement, and
he/she duly acknowledged to me that he/she executed the same.

NOTARY