

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): () -
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:			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 <u>FOR ALL CATEGORIES:</u> 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.	
AGENCY NAME:				
AGENCY LIAISON:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		

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				
MAIDEN/ALIAS				

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	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 Statewide 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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HILLBROOK
COUNTY OF ONONDAGA
Department of Probation

4949 Velasko Road
Syracuse, New York 13215-0237
(315) 435-1421 Fax: (315) 435-2671
www.ongov.net

Jacqueline DeNero
Director of Juvenile Justice and Detention Services

Al Giacchi
Commissioner of Probation

CONFIDENTIALITY STANDARDS AGREEMENT

I understand that my duties at Hillbrook Detention Facility will permit my access to confidential information, records, and materials related to residents and staff. In view of this fact, I understand that I am not permitted to divulge any confidential information obtained while performing duties at Hillbrook to any person other than persons officially assigned to a case, or otherwise authorized as recipients of confidential information by the Director of Juvenile Justice and Detention Services, or by the written consent of the subject resident or staff.

I understand that confidential information shall include, but not be limited to, any and all information related to a resident's case including charges; family information; school, medical, or health information; psychiatric, or psychological information; addresses or phone numbers related to residents, staff or their families; mail; behavioral evaluations; probation, OCFS, DSS, or Family Court reports or information; and any other information that is considered personal to an individual. In addition, I understand that all confidential matters shall be handled professionally and not made light of, ridiculed, or otherwise misused or used for personal gain.

I understand the above and agree to abide by these confidentiality standards. In addition, I understand that violation of these standards could subject me to Civil and Criminal liability.

Signed:

STATE OF NEW YORK
COUNTY OF ONONDAGA

Sworn to me before this
day of , 20

(Notary Public)