LDSS-3079 (Perc. 12/2019) DOCS version

## Instructions for Completing the Statewide Central Register Database Check Form LDSS-3370, DCCS version

ALL information on the LDSS-3379, DCCS version must be easily read so that data entry and results are accurate. Each Statewide Central Register
Databasse Check from LDSS-3379, DCCS version must be easily read so that data entry and results are accurate. Each Statewide Central Register
Databasse Check from LDSS-3379, DCCS version must be easily read should be reviewed for complete and legibility by the programmagency liaison. If the form is
incomplete or illegible, it will be returned to the appropriate constitution.

### HOW 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.)
- Day Care providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of RID number, (Contact your licensing agency/regional office if you have any questions).
- Clearance Category letter code (see the back of form LDSS-3379, DCCS version) 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 and 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 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, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

- · First column; indicate the relationship to the applicant of each person listed. (Spouse, son, daughter, mother, father, friend, etc.)
- Sex MF column: check either M (Male) or F (Female) for every person listed.
- Date of Birth column: fill in complete date of birth (mm/dd/yyyy) for everyone listed on the form.

### ADDRESS AREA

The information required varies depending on the category (see the back of the form for categories).

- For Adoption, Foster Care and Family and Group Family Day Care, provide addresses for the applicant and any household member who is 18 years of age or older. For legally-exempt Family Child Care provide addresses for the applicant and any household member is 18 years of age or older, unless the household member is related in any way to all children in care. This information must date back to the last 28-years. Attach supplemental pages if necessary, but do not use another LD\$5-3379, DCCS version form to list this additional information. Be sure to associate address histories with individuals (i.e., indicate which addresses are for which household member).
- For all other categories, only the applicant's address history is required for the last 28-years.
- Complete addresses are required. Include street name, street number, apartment number and oily fown/village. Post Office Box numbers are not society for supplicant has lived abroad, include country and dates (months years) of residence. If the applicant has spent time in the military, list base names and locations along with dates (months years).
- 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, to the back of the form for the last 28-years. Staple the attached supplemental page to the form if more space is needed, but do not use another copy of the LDSS-3370, DCCS version for this additional information.

### SIGNATURE AREA

- Signatures required depend upon the category (see the back of the form for categories).
- For Adoption, Foster Care and Family and Group Family Day Care, signatures are needed from the applicant and any household member who is 18 years of age or older. For legally-exempt Family Chite Care, signatures are needed from the applicant and any household member who is 18 years of age or older unless the household member is related in any way to all children in care.
- 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 Vicki.
- Applicants must sign in the boxes marked Applicant's Signature, household members over 18 years of age who are not applicants <u>must</u> sign in the boxes at the extreme bottom of the page marked Signature.
- At signatures must be dated (mm/d/s'yyyy). The SCR will not accept a form with a signature date more than six months old.

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

SUBMIT YOUR COMPLETED LDSS-3370, DCCS VERSION TO THE PERSON REFERENCED IN OCFS-6000 INCLUDE THE REQUIRED FEE FOR EACH APPLICANT FOR EMPLOYMENT/TO BE A CHILD CARE PROVIDER

TO ORDER A SUPPLY OF FORM, LDSS-3370, DCCS version:

Please access the OCFS-4627, Request for Forms and Publications, from the Intranet: http://ocfs.state.nyenet/admin/forms/Management, Services/

Internet http://och.ny.gov/main/documents/forms\_keyword.asp and mail the completed OCFS-4627, Request for Forms and Publications to: THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 116 SOUTH BLDG., RENSSELAER, NY 12144.

# Ldss 3370 Faq

Jiyuan Zhang

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