

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
WAIVER FOR SUBMISSION OF A DUPLICATE FINGERPRINT CARD
Please Print Clearly or Type Information

1. Last Name	2. First Name	3. MI	4. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	5. Date of Birth Month Day Year
6. Street Address			7. Social Security Number	
8. City/State Address			9. Zip Code	
10. Alias or Maiden Name			11. Check here if this is a new address <input type="checkbox"/>	
12. New Facility/Provider/Agency ID#	Foster Care/ Adoption Home Only →	13. CONNECTIONS Home Resource ID#	14. CONNECTIONS Person ID#	
15. New Facility/Provider/Agency – Name and Address				

16. Additional Information – Current Role (Check One):

<input type="checkbox"/> D <input type="checkbox"/> T <input type="checkbox"/> J <input type="checkbox"/> TR <input type="checkbox"/> HM <input type="checkbox"/> F <input type="checkbox"/> A D-Director/Site Operator T-Teacher, Assistant Teacher, Teacher's Aide Assistant in GFDC or FDC J-Janitor/Maintenance Staff TR-Transportation staff, bus drivers, van drivers, transportation aids HM-Household members over the age of 18 F- Family or Group family day care provider A-Administrative Staff DAY CARE AFFILIATES ONLY	<input type="checkbox"/> FP <input type="checkbox"/> RFP <input type="checkbox"/> AP <input type="checkbox"/> FHM <input type="checkbox"/> RHM <input type="checkbox"/> AHM <input type="checkbox"/> FC FP-Foster Parent RFP-Relative Foster Parent AP-Adoptive Parent FHM-Household Member of foster parent over 18 RHM-Household member of relative foster parent over 18 AHM- Household member of adoptive parent over 18 FC-Foster Child over 18 FOSTER OR ADOPTIVE HOME AFFILIATES ONLY
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17. Have you been previously fingerprinted by the NYS Office of Children and Family Services (OCFS) for day care employment, registration, licensure and/or by a local social services district or a voluntary authorized agency for certification or approval as a foster care/adoption parent or as someone in the household over age 18? Yes No

18. Please identify previous Facility/Provider/Agency below

Previous Facility/Provider ID#	Previous Facility/Provider/Agency – Name and Address
Previous Facility/Provider ID#	Previous Facility/Provider/Agency – Name and Address
Previous Facility/Provider ID#	Previous Facility/Provider/Agency – Name and Address

19. Address at which you resided when you were previously fingerprinted for or by OCFS.

Street Address

I understand that the information I have provided above will be used to complete a criminal history review. To the best of my knowledge, the information I have provided in this document is true and accurate. I also understand that my failure to provide truthful and accurate information in this document may constitute grounds for the denial, suspension, limitation, or revocation of the privileges sought in connection with this application.

20. _____ Date

Signature

NOTICE TO ALL APPLICANTS – This form will not be accepted unless the form is accompanied by a valid government photo ID. Acceptable forms of governmental issued photo ID's include any of the following: Drivers License; Immigration Card; Military ID Card; Passport or Visa; and Professional License with a picture. If you have any questions on any part of these instructions, you may contact the nearest Regional Office of the New York State Office of Children and Family Services. OCFS reserves the right to request a new fingerprint card if the information listed on this form is determined by us to be insufficient to complete a criminal history review. You will be notified directly by OCFS in that event.

FOR OFFICE USE ONLY	
Government Picture ID Type	Government ID Number
Accepting Agents Name (Printed)	Accepting Agents Signature

R.O. Stamp Agency ID#

This form is designed to eliminate the need to submit new fingerprint cards to the New York State Office of Children and Family Services (NYS OCFS) for the purpose of obtaining a criminal history background check for applicants for day care center/group family day care licenses or employment or volunteers; family day care/school age child care registrations or employment or volunteers, or for applicants for certification or approval as a foster or adoptive parent. This form is also used for household members over the age of eighteen (18) of applicants who would otherwise be required to submit a fingerprint card. **This form only applies to individuals who have been previously fingerprinted for the purpose described above.**

INSTRUCTIONS

PLEASE COMPLETE ALL ITEMS ON FORM – LEAVE AREAS BELOW SHADED HEADINGS BLANK

1. Enter applicant's or household member's Last Name
2. Enter applicant's or household member's First Name
3. Enter applicant's or household member's Middle Initial
4. Check "M" for Male or "F" for Female
5. Enter applicant's or household member's Date of Birth (mm/dd/yyyy)
6. Enter applicant's or household members a CURRENT Street Address
7. Enter applicant's or household member's Social Security Number [Disclosure of SSN is voluntary, and not mandatory. SSN will be used to assist DCJS staff in performing criminal History recorded checks.]
8. Enter applicant's or household member's CURRENT city and state for above address
9. Enter applicant's or member's Zip Code
10. Alias and/or Maiden Name – Enter any alias or maiden name. Enter any applicable complete name in which the given and /or surname is different than those entered in items 1 thru 3.
11. Check here if this is a new address – The address given in items 6 & 8 is different from address when previously fingerprinted
12. New Facility/Provider/Agency ID# - The ID # is the license number of the day care facility or provider, or the authorized agency ID # to which you are now applying.
13. **FOR FOSTER CARE/ADOPTION APPLICANTS AND/OR HOUSEHOLD MEMBERS ONLY.** Enter Resource ID# of the home as it appears on CONNECTIONS. [NYS adoption agencies not serving publicly funded foster children and out-of-state adoption agencies leave this field blank.]
14. **FOR FOSTER CARE/ADOPTION APPLICANTS AND/OR HOUSEHOLD MEMBERS ONLY;** Enter the ID# of the person (listed in fields 1-3) as it appears on CONNECTIONS. [NYS adoption agencies not serving publicly funded foster children and out-of-state adoption agencies leave this field blank.]
15. New Facility/Provider/Agency – name and address – The address of the day care facility or provider, or authorized agency to which you are now applying.
16. Additional Information – Current Role – Check the box that corresponds with the role for which you are currently applying.
17. Have you previously been fingerprinted for Day Care, Foster Care or Adoption purposes through:
 - The NYS Office of Children and Family Services (OCFS); or
 - By a local social services district or voluntary authorized agency?Check "Yes" ONLY if you have been previously fingerprinted by one or more of these organizations. If you check "No", this form does not apply to you. A fingerprint card will be required.
18. Previous Facility/Provider/Agency – Enter Facility/Provider/Agency ID# for all locations with which you have previously been affiliated, where you were required to submit a fingerprint card to NYS OCFS in relation to day care, foster care or adoption.
19. Previous Address – Address at which you resided when you were previously fingerprinted (If different from address in box #8)
20. This form must be signed and dated by applicant or household member.

This form will only be accepted when fully completed according to the instructions listed above, and authorized by the foster or adoptive agency/social services district representative or by the Bureau of Early Childhood Services day care licensing representative. Upon completion this form should be submitted in lieu of an additional fingerprint card, to the **OCFS Criminal History Review Unit P.O. Box 839, Rensselaer, NY 12144.**