NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD CARE PROVIDER, STAFF, VOLUNTEER AND HOUSEHOLD MEMBER INFORMATION CHILD CARE PROGRAMS

INSTRUCTIONS:

- Please PRINT clearly. This form MUST be completed by each applicant for child care provider, staff, volunteer and household member.
- If you are not sure which role to choose, refer to the child day care regulations and/or consult with your licensor, registrar, or legally-exempt enrollment agent.
- List all other facility ID numbers you want your fingerprints to be associated with.

ROGRAM: Small Day Care Centers, Legally-Exempt Informal OLE: Provider Director Group Teacher (DCC/SACC) Employee Assistant (GFDC/FDC) Assistant Teacher (DCC/SACC) Teacher (LE GROUP) ERSONAL INFORMATION JUL NAME (First, Middle, Last): ATE OF BIRTH: GENDER: TY: STATE: ZIP:	ROGRAM NAME:		FACILITY ID NUMBER:				
STATE: S	ACILITY ID NUMBER OF PROGRAMS YO	U WANT YOUR FINGERPRINTS ASS	SOCIATED WITH:				
STATE: S	, , , ,	, , ,	, ,				
PRE OF ROGRAM: Family Day Care, Group Family Day Care, Small Day Care Centers, Legally-Exempt Care, Legally-Exempt Group Informal OLE: Provider Group Teacher (DCC/SACC) Shasistant (GFDC/FDC) Assistant Teacher (DCC/SACC) Employee Household Member Genue Genue Teacher (LE GROUP) PROVIDED GENUE	USINESS CONTACT NAME:						
Small Day Care Centers, Legally-Exempt Care, Legally-Exempt Care, Legally-Exempt Group Care, Le	ONE NUMBER:	EMAIL ADDRESS:					
Small Day Care Centers, Legally-Exempt Care, Legally-Exempt Group) -						
Small Day Care Centers, Legally-Exempt Care, Legally-Exempt Care, Legally-Exempt Group Care, Le							
Substitute (GFDC/FDC) Assistant (GFDC/FDC) Assistant Teacher (DCC/SACC) Assistant Teacher (DCC/SACC) Teacher (LE GROUP) RSONAL INFORMATION LL NAME (First, Middle, Last): TE OF BIRTH: GENDER: DRESS: APT: FLOOR: Y: ONE NUMBER: EMAIL ADDRESS: //e you ever been known by any other name? YES NO ES, list all known names (including maiden name, aliases, pseudonyms) //e you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another collections and the collections are another collections.	ROGRAM: Small Day Care (All Programs		
ATE OF BIRTH: DDRESS: TY: HONE NUMBER: EMAIL ADDRESS: Ve you ever been known by any other name? YES NO YES, list all known names (including maiden name, aliases, pseudonyms) ve you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another contains the contains the last 5 years? Prior residence in another contains the last 5 years? Prior residence in another contains the last 5 years? Prior residence in another contains the last 5 years? Prior residence in another contains the last 5 years? Prior residence in another contains the last 5 years? Prior residence in another contains the last 5 years? Prior residence in another contains the last 5 years?	Substitute (GF	DC/FDC)	☐ Group Teacher (DCC/SACC) ☐ Assistant Teacher (DCC/SACC)		☐ Volunteer ☐ Employee		
TE OF BIRTH: DRESS: APT: FLOOR: TY: ONE NUMBER: EMAIL ADDRESS: Ve you ever been known by any other name? YES NO ES, list all known names (including maiden name, aliases, pseudonyms) Ve you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another columns.	RSONAL INFORMATION						
PORESS: APT: FLOOR: TY: STATE: Ve you ever been known by any other name? YES NO YES, list all known names (including maiden name, aliases, pseudonyms) Ve you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another continuous process.	LL NAME (First, Middle, Last):						
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YES, list all known names (including maiden name, aliases, pseudonyms)ve you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another co	HONE NUMBER:	EMAIL ADDRESS:	STATE:		ZIP:		
	TY:	EMAIL ADDRESS:	STATE:		ZIP:		
	ONE NUMBER: Ve you ever been known by a	ny other name? ☐ YES ☐] NO		ZIP:		

If **YES**, complete page 2 of this form entering all out of state addresses, including U.S. territories where you lived in the past five years. **Additional information and/or forms may be required.**

If **NO**, you do not have to complete page 2.

APPLICANT NAME:	
*APPLICANT SOCIAL SECURITY NUMBER (voluntary):	
APPLICANT EMAIL:	

OUT OF STATE ADDRESSES (Previous 5 years)

- PRINT CLEARLY
- YOU MAY BE ASKED TO SUBMIT ADDITIONAL FORMS FOR OUT OF STATE CLEARANCES.

Previous Street Address	City	State	Zip	From (Mo/Yr)	To (Mo/Yr)
				/	/
				/	/
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				/	/
				/	/
				/	1
				/	/
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^{*}Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance the SSAN is solicited pursuant to 42 USC §9858f and New York State Social Services Law §390-b and will be used as a unique identifier to confirm your identity with other states and territories because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.