AUTHORIZATION FOR REQUEST FOR INFORMATION ON
HISTORY OF CHILD ABUSE & NEGLECT IN NYS
FOR USE BY PROSPECTIVE CHILD CARE PROVIDERS
CURRENTLY LIVING OUTSIDE NEW YORK STATE.

Any person applying to be a child care provider who has lived in New York State in the last five years must fill out the attached Child Care and Development Block Grant Act of 2014 Authorization form. This is to determine if the applicant was the subject (i.e., perpetrator) of an indicated report of child abuse or maltreatment on file with New York Statewide Central Register of Child Abuse and Maltreatment (SCR).

Any person who is the named subject in an indicated report of child abuse and maltreatment (a report substantiated by at least some credible evidence) has a legal right to access that record under Section 422(4)(A)(d) of the SSL. In order to access any such records in the possession of the SCR, the applicant should complete the enclosed form. By completing the enclosed form, the applicant is agreeing to release such records to the agency listed on the second line of the form.

Return the completed and notarized form to: **DO NOT FAX THIS FORM BACK TO US**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER
P.O. BOX 4480
ALBANY, NEW YORK 12204-0480

Please note there is no fee for this service.

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

designee_____
<div align="center">(Agency)</div>

of _____
<div align="center">(Mailing Address for Agency)</div>

_____
<div align="center">(Agency Phone Number & Email Address)</div>

by the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) of **all information** contained within the SCR regarding **indicated**[i] 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 Child Care Provider

LAST NAME	FIRST NAME	MI	SEX M /F	DOB (mm/dd/yyy)
MAIDEN NAME/ALIAS				
CURRENT STREET ADDRESS:	CITY	STATE	ZIP	FROM / TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM / TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM / TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM / TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM / TO
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II. Spouse, Children and Other Household Members of the Applicant

LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB (mm/dd/yyyy)
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB

_____
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

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