**OCFS-4930ASFA** (Rev. 5/2013)

New York State

Office of Children & Family Services

**Request for NYS Fingerprinting Services**

***Information Form***

*(To be completed by Provider or Foster Care/Adoption Agency)*

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| **Enrollment Information:**  Applicant must have an appointment to be fingerprinted. At appointment, applicant will need to bring this form and acceptable ID as noted on reverse.  Appointments can be obtained by contacting vendor at one of the following:  **Website**: [www.Identogo.com](http://www.Identogo.com) or the **Call Center**: 877-472-6915 |

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| **Contributor Agency Section:** | | | | | | | |
| ORI: | **NY922130Z** | | Contributor Agency: | | **NYS Office of Children & Family Services** | | |
| **Job or License Type:** | | Child Day Care  🗹 Foster Care/Adoption   Mentor  OCFS Employee (employee / peace officer – *please circle one*) | | | | | |
| Facility/Agency ID Number: | | | |  | | Additional Agency ID Info: |  |
|  | | | |  | |  | (Foster Care/Adoption Only) |
| Facility Name/Address: | |  | | | | | |

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| **Applicant Section:** | | | | | | | | | | New Submission  Resubmission | | | | | | | | | | | | | |
| Name of Applicant: | | | | | | |  | | | | | | | | | | | | | | | | |
| Alias / Maiden Name: | | | | | | | |  | | | | | | | | | | | | | | | |
| Street Address: | | | | |  | | | | | | | | | | | | | | | | | | |
| City, State, & Zip: | | | | | |  | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | |  | | | | | | | Sex: | | Male  Female  Other | | | | | | Ethnicity: | | Hispanic  Non Hispanic | | |
| Race: | White   Black   American Indian/Alaskan Native   Asian/Pacific Islander | | | | | | | | | | | | | | | | | | | | | | |
|  | Other   Unknown | | | | | | | | | | | | | | | | | | | | | | |
| Skin Tone: | | |  | | | | | | | | | | | | Eye Color: |  | | | | Hair Color: | |  | |
| Height: | |  | | | | | | | | | | ft | |  | | | in | Weight: | |  | | | lbs. |
| State / Country of Birth: | | | | | | | | |  | | | | | | | | | | | | | | |

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| **Role of Applicant (please check one):** | |
| **CHILD DAY CARE:** | Director   Provider  Employee/Teacher/Volunteer  Household Member over 18 yrs |
| **FOSTER CARE:** | Foster Parent   Relative Foster Parent   Household Member over 18 yrs  Foster Child |
| **ADOPTION:** | Adoptive Parent   Household Member over 18 yrs |

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| **Additional Information:** (Foster Care Only) | | |
| CONNECTIONS Home Resource ID# | |  |
| CONNECTIONS Person ID# |  | |

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| **Accepted Forms of Identification:**  **NOTE: Applicant *MUST* present two (2) forms of ID, at least one of which must have a photo (see Column A):** | |
| **Column A - Valid Photo Identification:**  U.S. Passport (unexpired or expired)  Permanent Resident Card  Alien Registration Receipt Card  Unexpired Foreign Passport  Driver’s License or Photo ID Card  (issued by U.S. State or Territory)  School or College ID Card (with photo)  Unexpired Employment Authorization  with photo (Form I-766, I-688, I-688A or B)  Photo ID Card issued by federal, state, or local govt. | **Column B - Valid Supplementary Identification:**  Voter registration card  U.S. Military card or draft record  Military dependent’s ID card  Coast Guard Merchant Mariner Card  Native American Tribal Document  Canadian Driver’s License  U.S. Social Security Card  Original or certified copy of a Birth Certificate  issued by authorized U.S. agency with official seal  Certification of Birth Abroad (issued by U.S.  Department of State)  U.S. Citizen ID Card (Form I-7) |
|  | |
| **Identification if under 18 and nothing else available:**  School record or report card  Clinic, doctor, or hospital record | |
| **Enrollment Website address**: [www.Identogo.com](http://www.Identogo.com)  **Call Center phone number**: **877-472-6915** | |