

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE				SCR USE ONLY
AGENCY CODE: DIR	RESOURCE I.D. 2005 8334	CATEGORY USE ALPHA CODE: E	PHONE NUMBER (Area Code): (516) 496-4460	REQUEST ID.:
PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:			<p>The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form</p> <p>FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE"</p> <p>List RELATIONSHIP in the fields below (see reverse side for instructions) Attach additional page if necessary.</p>	
AGENCY NAME: COOPER KIDS THERAPY ASSOCIATES				
AGENCY LIAISON: ELLEN COOPER				
STREET ADDRESS: 2 ROOSEVELT AVENUE, SUITE 300				
CITY: SYOSSET STATE: NY ZIP CODE: 11791				

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty, whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA

***PLEASE TYPE OR PRINT**

CLEARLY

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
MAIDEN/ALIAS				

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
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EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE
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[illegible]