**OCFS-4930** (Rev. 09/2020) FRONT

New York State

Office of Children AND Family Services

**Request for NYS Fingerprinting Services**

**Child Care Programs**

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| **Enrollment Information:** | | | | | |
| Applicant must have an appointment to be fingerprinted. At the appointment, the applicant will need to bring this form and acceptable ID.  Appointments can be made by contacting the vendor at one of the following:  **Website**: <https://uenroll.identogo.com/workflows/15441V> or the **Call Center**: **877-472-6915** | | | | | |
| **Contributor Agency Section:** | | | | | |
| Service Code: | **15441V** | | Contributor Agency: | **NYS Office of Children and Family Services-Child Day Care Programs** | |
| Facility/Agency ID Number: | | | 41379 | |  |
|  | | |  | |  |
| Facility Name/Address: | | The Children's Center at Purchase College 735 Anderson Hill Road Purchase NY 10577 | | | |

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| **Fingerprint 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 Fingerprint Applicant (please check one):** | |
| **CHILD CARE:** | Director (D)   Provider (F)  Employee/Teacher (T)  Volunteer (V)  Household Member over the age of 18 (HM) |

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| **Fingerprint Applicant Affirmation Section**  I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law. | | | |
| Applicant’s signature: | **X** | Date: | /    / |
| **Payment Section:** | | | |
| Agency Billing Account | | | |

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| **Accepted Forms of Identification to bring to your appointment (must be valid and not expired):** |
| * Driver license issued by a state or outlying possession of the United States, U.S. * Driver license PERMIT issued by a state or outlying possession of the U.S. * ID card issued by a federal, state, or local government agency or by a territory of the U.S. * State ID card (or outlying possession of the U.S.) with a seal or logo from state or state agency * Commercial driver license, issued by a state or outlying possession of the U.S. * Department of defense common access card * Employment authorization document that contains a photograph * Foreign driver license (Mexico and Canada only) * Foreign passport * Military dependent's identification card * Permanent resident card or alien registration receipt card (form I-551) * U.S. Coast Guard Merchant Mariner Credential * U.S. Military identification card * U.S. passport * U.S. Tribal card (enhanced only) or U.S. Bureau of Indian Affairs identification card * U.S. visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the U.S. * Uniformed Services identification card (form DD-1172-2) |
| **Identification if under 18 and nothing else available:** |
| Persons under the age of 18 who are unable to present an acceptable photograph document listed above shall provide a Social Security card or a birth certificate. The[New York Photo ID Waiver for Minors,](https://www.criminaljustice.ny.gov/ojis/documents/ny-waiver-form-for-minors.pdf) developed by the New York State Division of Criminal Justice Services, must be completed and signed by a parent or guardian at the time of fingerprinting at the fingerprinting site location.  **Do not sign this form in advance.** |
| ***NOTE:*** *Staff with fingerprint images on file with OCFS may be eligible for a waiver. Contact the licensor/registrar or director of*  *the program for more information.* |
| **Hard-to-Print Applicants** |
| **Please contact the Criminal History Review Unit at 518-473-8595 for instructions.** |

**Federal Bureau of Investigation Privacy Act Statement:**

**Privacy Act Statement:** This privacy act statement is located on the back of the FD-258 fingerprint card.

**Authority:** The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018