


<p>NYS Department of Health</p>  <p style="text-align: right;">CHRC Unit P. O. Box 2607 Albany, NY 12220-0607 Phone: 518.402.5549 Fax: 518.474.7477 www.nyhealth.gov/chrc chrc@health.state.ny.us</p>	<p>REQUEST FOR CRIMINAL HISTORY RECORD CHECK PAGE 1 INSTRUCTIONS</p> <p>CRIMINAL HISTORY RECORD CHECK (CHRC) PROGRAM</p>	<p><i>For Department use only Leave blank</i></p>
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This form is to be used to request a criminal history record check (CHRC) for a subject individual from the DOH CHRC Unit.

For purposes of this form, the term "Agency" means residential health care facility, certified home health agency, licensed home care services agency or long term home health care programs that are authorized by law to request a check of criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

"Authorized Person" is the individual that is allowed to request, on behalf of the Agency, fingerprints and criminal history record checks.

"Subject individual" is an "employee" as defined by Public Health Law Section 2899(3).

INSTRUCTIONS:

1. This form is to be completed by the Authorized Person, who will sign and date where indicated in Section 3.
2. Please obtain subject individual information and complete all sections on page 2 of this form prior to or at the time of fingerprinting. This information will be used to conduct both a Federal and State criminal history record check pursuant to State law.
3. If subject individual is employed by a staffing organization with an Agency work location, the Agency is responsible for completing this form and the staffing agency may complete Section 4 if that staffing agency fingerprints the subject individual.
4. Subject individual is required to present two (2) forms of identification (ID) when fingerprinted. One must be a government-issued ID with subject individual's signature. At least one of the two forms of ID must contain a current photograph. Acceptable forms of government-issued IDs are: valid driver's license or Department of Motor Vehicles (DMV) ID, valid passport, valid military identification or valid school identification document. The type of government-issued ID presented is recorded in Section 2 of this form. Refer to the Employment Eligibility Verification Form I-9 for examples of other forms of identification. The second ID must be produced but not recorded in Section 2 of this form.
5. If subject applicant is fingerprinted by other than the Authorized Person, provide this instructional page to that individual for assistance in completing Section 4 of this form.
6. Authorized Person is to ensure that all fields in all sections must be completed for accurate and timely submissions.
7. Authorized Person will forward Page 2 of this Form to the DOH CHRC Unit at the address indicated above.

FIELD DESCRIPTIONS:

SEX FIELD

M – Male
F – Female

RACE FIELD

A – Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan or any other Pacific Islander
B – African black racial groups
I – American Indian, Eskimo, or Alaskan native
U – Of indeterminable race
W – Caucasian, Mexican, Puerto Rican, Cuban, Central/South American or other Spanish origin

BIRTH COUNTRY/PLACE FIELD

Enter **United States of America** for those of American birth
Enter Country of Birth for those not of American birth

HEIGHT FIELD

To be completed as a three (3) character value. If reported in feet and inches, the first (leftmost) digit is used to show feet with the two rightmost digits are used to show the inches between 00 and 11. If reported in inches, the leftmost character is "N" followed by two digits. If height is unknown, 000 is entered.

The allowable range is 400 to 711. Heights shorter than 4 ft. will be recorded as 400 and taller than 7 ft. 11 in. will be recorded as 711.

WEIGHT FIELD

In this field, the subject applicant's weight in pounds is entered (000-499). If weight is unknown, 000 is entered. All weight in excess of 499 pounds will be recorded as 499 lbs.

HAIR FIELD – COLOR CODES

BAL – Bald
BLK – Black
BLN – Blonde or Strawberry
BLU – Blue
BRO – Brown
GRN – Green
GRY – Gray or Partially Gray
ONG – Orange
PNK – Pink
PLE – Purple
RED – Red or Auburn
SDY – Sandy
WHI – White
XXX – Unknown

EYE FIELD – COLOR CODES

BLK – Black
BLU – Blue
BRO – Brown
GRY – Gray
GRN – Green
HAZ – Hazel
MAR – Maroon
MUL – Multicolored
PNK – Pink
XXX – Unknown



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NYS Department of Health CRIMINAL HISTORY RECORD CHECK

Resubmission [] Type or print all information - USE CAPITAL LETTERS. Inaccurate, incomplete or illegible information will delay processing. DOH use only. Leave blank

SECTION 1 - SUBJECT INDIVIDUAL INFORMATION

Form for Section 1: Social Security Number, Date of Birth, LAST Name, Maiden Name, Street Name, City, Sex, Race, Height, Weight, Hair, Eyes, etc.

SECTION 2 - SUBJECT INDIVIDUAL IDENTIFICATION

Form for Section 2: Please Select the Type of PICTURE IDENTIFICATION (Drivers License, Passport, Military, School, Other), Issuing State/Country, ID Number, ID Expire Date

SECTION 3 - AGENCY IDENTIFICATION

Form for Section 3: Nursing Home, CHHA, LTHHCP, LHCSA LICENSE #, Full name of Agency, Telephone number, Authorized Person, Agency's Street Name, City, State, Zip, Authorized Party's e-mail, Signature of Agency Authorized Person, Date

SECTION 4 - FINGERPRINTING METHOD/IDENTIFICATION

Form for Section 4: Fingerprint Method (Ink & Roll, Live Scan), Name & Address of Location, City, State, Zip, Identification verified before fingerprinting (Yes/No), Signature, First Name, Last Name, Title, Date Fingerprinted

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*The Authorized Person shall inform the subject individual that disclosure of the Social Security Number (SSN) is voluntary and not mandatory and that it will be used to assist DOH-CHRC Unit in performing criminal history record checks.