



51289

NYS Department of Health		CRIMINAL HISTORY RECORD CHECK	
Resubmission <input type="radio"/>	Type or print all information - USE CAPITAL LETTERS. Inaccurate, incomplete or illegible information will delay processing.		<i>DOH use only. Leave blank</i>
SECTION 1 - SUBJECT INDIVIDUAL INFORMATION			
Social Security Number* <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Date of Birth mm/dd/yyyy <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
LAST Name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		FIRST Name <input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/> M.I. <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
Maiden Name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		Alias (AKA) <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
Street Nbr <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> Street Name <input style="width: 60%; height: 20px; border: 1px solid black;" type="text"/>		Apt # <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
City <input style="width: 60%; height: 20px; border: 1px solid black;" type="text"/> St <input style="width: 10%; height: 20px; border: 1px solid black;" type="text"/> Zip <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>		Home Phone <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
Sex <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> Birth Country/Place <input style="width: 60%; height: 20px; border: 1px solid black;" type="text"/>		Cell Phone <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
Race <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> Height (ft-inch) <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>		Weight (lbs) <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> Hair <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> Eyes <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
SECTION 2 - SUBJECT INDIVIDUAL IDENTIFICATION			
Please Select the Type of PICTURE IDENTIFICATION (select one):			
<input type="radio"/> Drivers License/DMV ID <input type="radio"/> Passport <input type="radio"/> Military <input type="radio"/> School <input type="radio"/> Other Identify: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>			
Issuing State/Country/Armed Force/School: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		ID Number <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
ID Expire Date mm/dd/yy <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>			
SECTION 3 - AGENCY IDENTIFICATION			
<input type="radio"/> Nursing Home <input type="radio"/> CHHA <input type="radio"/> LTHHCP PFI# <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> <input type="radio"/> LHCSA LICENSE # <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>			
Full name of Agency where applicant will be working <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		Telephone number with area code <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
Authorized Person LAST Name <input style="width: 60%; height: 20px; border: 1px solid black;" type="text"/>		FIRST Name <input style="width: 40%; height: 20px; border: 1px solid black;" type="text"/>	
Agency's Street Nbr <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>		Street Name <input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>	
City <input style="width: 60%; height: 20px; border: 1px solid black;" type="text"/>		State <input style="width: 10%; height: 20px; border: 1px solid black;" type="text"/> Zip <input style="width: 30%; height: 20px; border: 1px solid black;" type="text"/>	
Authorized Party's e-mail: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>			
The subject individual, whose identification I have confirmed, will provide direct care or supervision to individuals receiving care and/or services and is a subject individual concerning whom a criminal history record check is required by law (Article 28-E of the Public Health Law and Section 845-B of the Executive Law). I understand that the results of the criminal history record check will be used solely for purposes authorized by law and I will abide by the confidentiality requirements set forth in law. Informed consent (DOH CHRC Form 102) has been given by the subject individual and is on file.			
Signature of Agency Authorized Person: <input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>		Date: <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
SECTION 4 - FINGERPRINTING METHOD/IDENTIFICATION			
Fingerprint Method: <input type="radio"/> Ink & Roll <input type="radio"/> Live Scan		Name & Address of Location where fingerprint services were performed <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
		<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
		City <input style="width: 60%; height: 20px; border: 1px solid black;" type="text"/> State <input style="width: 10%; height: 20px; border: 1px solid black;" type="text"/> Zip <input style="width: 30%; height: 20px; border: 1px solid black;" type="text"/>	
Identification verified before fingerprinting: (refer to Instruction #4) <input type="radio"/> Yes <input type="radio"/> No		The subject individual, whose identification I have confirmed, appeared before me for fingerprinting. I secured his/her fingerprints via the method indicated. Signature: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
		First Name: <input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>	
		Last Name: <input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>	
		Title: <input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>	
		Date Fingerprinted <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	
		MM DD YYYY	

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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.