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.
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 in unknown, 00 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
**NYS Department of Health**

**CRIMINAL HISTORY RECORD CHECK**

*Type or print all information - USE CAPITAL LETTERS. Inaccurate, incomplete or illegible information will delay processing.*

**DOH use only. Leave blank**

**DOH CHRC 103 (9/06)** - Page 2

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**SECTION 1 - SUBJECT INDIVIDUAL INFORMATION**

- Social Security Number*: [ ]- [ ]- [ ]
- Date of Birth mm/dd/yyyy: [ ] / [ ] / [ ]
- FIRST Name: [ ]
- Maiden Name: [ ]
- Street Name: [ ]
- City: [ ]
- Race: [ ]
- Height (ft-inch): [ ]
- Weight (lbs): [ ]
- Hair: [ ]
- Eye: [ ]

*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.

**SECTION 2 - SUBJECT INDIVIDUAL IDENTIFICATION**

Please Select the Type of PICTURE IDENTIFICATION (select one):
- Drivers License/DMV ID
- Passport
- Military
- School
- Other Identify:

Issuing State/Country/Armed Force/School: [ ]

ID Number: [ ]

ID Expire Date mm/dd/yy: [ ] / [ ] / [ ]

**SECTION 3 - AGENCY IDENTIFICATION**

- Nursing Home
- CHHA
- LTHHC
- PFI#
- LHCSA LICENSE #

Full name of Agency where applicant will be working: [ ]

Authorized Person LAST Name: [ ]

Agency's Street Nmbr: [ ]

City: [ ]

Authorized Party's e-mail: [ ]

Signature of Agency Authorized Person: [ ]

Date: [ ] / [ ] / [ ]

**SECTION 4 - FINGERPRINTING METHOD/IDENTIFICATION**

Fingerprint Method:
- Ink & Roll
- Live Scan

Name & Address of Location where fingerprint services were performed:

City: [ ]

State: [ ]

Zip: [ ]

Identification verified before fingerprinting: (refer to Instruction #4)
- Yes
- No

The subject individual, whose identification I have confirmed, appeared before me for fingerprinting. I secured his/her fingerprints via the method indicated.

Signature: [ ]

First Name: [ ]

Last Name: [ ]

Title: [ ]

Date Fingerprinted MM/ DD/ YYYY: [ ] / [ ] / [ ]

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