


<p>NYS Department of Health</p> <div style="text-align: center;">  </div> <p style="text-align: center;">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 style="text-align: right;"><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:

<p><u>SEX FIELD</u> M – Male F – Female</p>	<p><u>RACE FIELD</u> 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</p>
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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.

<p><u>HAIR FIELD – COLOR CODES</u> 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</p>	<p><u>EYE FIELD – COLOR CODES</u> BLK – Black BLU – Blue BRO – Brown GRY – Gray GRN – Green HAZ – Hazel MAR – Maroon MUL – Multicolored PNK – Pink XXX – Unknown</p>
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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 type="text"/>		Date of Birth mm/dd/yyyy <input type="text"/>	
LAST Name <input type="text"/>		FIRST Name <input type="text"/> M.I. <input type="text"/>	
Maiden Name <input type="text"/>		Alias (AKA) <input type="text"/>	
Street Nbr <input type="text"/>	Street Name <input type="text"/>		Apt # <input type="text"/>
City <input type="text"/>	St <input type="text"/>	Zip <input type="text"/>	Home Phone <input type="text"/> - <input type="text"/> - <input type="text"/>
Sex <input type="text"/>	Birth Country/Place <input type="text"/>	Cell Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	
Race <input type="text"/>	Height (ft-inch) <input type="text"/> - <input type="text"/>	Weight (lbs) <input type="text"/>	Hair <input type="text"/> Eyes <input 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 type="text"/>			
Issuing State/Country/Armed Force/School: <input type="text"/>		ID Number <input type="text"/>	
		ID Expire Date mm/dd/yy <input type="text"/>	
SECTION 3 - AGENCY IDENTIFICATION			
<input type="radio"/> Nursing Home <input type="radio"/> CHHA <input type="radio"/> LTHHCP PFI# <input type="text"/> <input type="radio"/> LHCSA LICENSE # <input type="text"/>			
Full name of Agency where applicant will be working <input type="text"/>		Telephone number with area code <input type="text"/> - <input type="text"/> - <input type="text"/>	
Authorized Person LAST Name <input type="text"/>		FIRST Name <input type="text"/>	
Agency's Street Nbr <input type="text"/>		Street Name <input type="text"/>	
City <input type="text"/>		State <input type="text"/> Zip <input type="text"/>	
Authorized Party's e-mail: <input 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 type="text"/>		Date: <input type="text"/> / <input type="text"/> / <input type="text"/> MM DD YY	
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 type="text"/> City <input type="text"/> State <input type="text"/> Zip <input 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 type="text"/>		
First Name: <input type="text"/>		Date Fingerprinted <input type="text"/> / <input type="text"/> / <input type="text"/> MM DD YYYY	
Last Name: <input type="text"/>			
Title: <input type="text"/>			

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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.