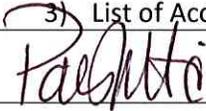


Catholic Charities Disabilities Services	
Agency Standard and Procedure	
<b>Standard Category</b>	Human Resources
<b>Standard Title</b>	Background Checks for Applicants and Employees
<b>Regulations</b>	1) Title 14, NYCRR Part 701 2) Section 16.34 of the Mental Hygiene Law 3) Section 424-a of the Social Services Law 4) OPWDD: Criminal History Record Checks Section 633.5 and 633.22 5) State Central Register Background Checks ADM 98-02
<b>Original Issue Date</b>	5/30/2009
<b>Latest Revision Date</b>	7/1/2013 6/17/2025
<b>Number of Pages</b>	2
<b>Attachments</b>	1) Justice Center CBC 2) LDSS-3370 Statewide Central Register Database Check 3) List of Acceptable Documents
<b>Approved by:</b> Paula Jubic, Executive Director	

**Standard:**

In order to protect the individuals we serve, Catholic Charities Disabilities Services (CCDS) performs background checks in accordance with State regulations governing programs operated under the auspices of OPWDD, and in accordance with the standards and procedures of Catholic Charities of the Diocese of Albany.

**Procedure:**

All applicants and employees background checks include:

- I-9 Verification through E-Verify
- Sanction Screening
- NYS Staff Exclusion List (SEL)

In addition, all applicants and employees who have regular and substantial contact with individuals are subject to:

- Abuse/Neglect History Check (MHL 16.34)
- State Registry of Child Abuse check (SCR)
- Criminal Background Check

Other background checks required based on employee's position within the agency:

- TruView- criminal background check for administrative applicants and employees.
- NYS DMV Lens- driver's license check for all applicants and employees who are required to drive for work.

The Human Resources Department at CCDS processes and maintains background information in accordance with the standards of Catholic Charities of Diocese of Albany, current labor laws and specifically those regulations and laws emanating from the Justice Center, OPWDD and New York State.

The CCDS Human Resources Department maintains a tracker for all background screening results.



Justice Center for the Protection of People with Special Needs

### Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)

NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit

**Part 1. Applicant Information (Please Print)**

Last Name:	First Name:	MI:
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Date of Birth:	Applicant type: Employee _____ Volunteer _____ Family Care _____ Operator _____
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Applicant address, city state:	Social Security Number:
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Facility/Provider Name:
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**Part 2. Attestation**

- I have been advised that as part of the application process, the facility or provider agency listed above must request a background check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center must review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position.
- I consent to having my fingerprints taken and submitted to DCJS and the FBI and consent to the Justice Center sharing with the facility or provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
- I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
- I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
- I have been advised that the results of the criminal background check forwarded to the Justice Center shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
- I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
- I certify to the best of my knowledge that I: (check as appropriate)
  - \_\_\_\_\_ have not been convicted of a crime.
  - \_\_\_\_\_ have been convicted of a crime in NY or other jurisdiction.
  - \_\_\_\_\_ have pending arrest charges.
 If (b) or (c) is checked, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List as required by Social Services Law and will be performed prior to the criminal history information check.

You have not been convicted of a crime if:

- Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted;
- you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or
- you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.

Applicant Signature		Date:
Guardian signature if under 18		Date:
<b>Part 3</b>	<b>Facility or Provider Agency Authorized Person Information</b>	
Authorized Person Name:		Title:
Signature:		Email:

## Instructions for Completing the Statewide Central Register

### Database Check Form LDSS-3370, DCCS version

ALL information on the LDSS-3370, DCCS version must be easily read so that data entry and results are accurate. Each *Statewide Central Register Database Check* form LDSS-3370, DCCS version submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

#### HOW TO COMPLETE THE FORM:

#### AGENCY INFORMATION

##### TOP LINE OF FORM

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Day Care providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of RID number. (Contact your licensing agency/regional office if you have any questions.)
- Clearance Category letter code (see the back of form LDSS-3370, DCCS version) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

##### AGENCY ADDRESS AREA

- Agency Name: Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (The SCR response will be addressed to the liaison.) **The liaison cannot be the applicant or a relative of the applicant.**
- Agency Address: **Must** include street and city

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#### APPLICANT INFORMATION

##### APPLICANT/HOUSEHOLD MEMBER AREA

ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.

Remember to **write clearly** or **type** all information to assist in obtaining an accurate response. Record all names with the last\_name first, then the first name, and middle name.

- First line: Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- Second line: Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- Remaining lines: Names of all other household members. (Attach an additional page if needed.)

**IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.**

- First column: indicate the relationship to the applicant of each person listed. (Spouse, son, daughter, mother, father, friend, etc.)
- Sex M/F column: check either M (Male) or F (Female) for every person listed.
- Date of Birth column: fill in complete date of birth (mm/dd/yyyy) for everyone listed on the form.

##### ADDRESS AREA

The information required varies depending on the category (see the back of the form for categories).

- For Adoption, Foster Care and Family and Group Family Day Care, provide addresses for the applicant and any household member who is 18 years of age or older. For legally-exempt Family Child Care provide addresses for the applicant and any household member who is 18 years of age or older, unless the household member is related in any way to all children in care. **This information must date back to the last 28-years.** Attach supplemental pages if necessary, but **do not use** another LDSS-3370, DCCS version form to list this additional information. Be sure to associate address histories with individuals (i.e., indicate which addresses are for which household member).
- For all other categories, only the applicant's address history is required – for the **last 28-years**.
- Complete addresses are required. Include street name, street number, apartment number and city/town/village. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates (*months/years*) of residence. If the applicant has spent time in the military, list base names and locations along with dates (*months/years*).
- **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on, to the back of the form for the last 28-years. Staple the attached supplemental page to the form if more space is needed, but **do not use** another copy of the LDSS-3370, DCCS version for this additional information.

##### SIGNATURE AREA

- Signatures required depend upon the category (see the back of the form for categories).
- For Adoption, Foster Care and Family and Group Family Day Care, signatures are needed from the applicant and any household member who is 18 years of age or older. For legally-exempt Family Child Care, signatures are needed from the applicant and any household member who is 18 years of age or older unless the household member is related in any way to all children in care.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area. For example: Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked Applicant's Signature; household members over 18 years of age who are not applicants must sign in the boxes at the extreme bottom of the page marked Signature.
- All signatures must be dated (mm/dd/yyyy). **The SCR will not accept a form with a signature date more than six-months old.**

If you have questions regarding completion of this form, **please call the SCR at 518-474-5297.**

**SUBMIT YOUR COMPLETED LDSS-3370, DCCS VERSION TO THE PERSON REFERENCED IN OCFS-6000  
INCLUDE THE REQUIRED FEE FOR EACH APPLICANT FOR EMPLOYMENT/TO BE A CHILD CARE PROVIDER**

#### TO ORDER A SUPPLY OF FORM, LDSS-3370, DCCS version:

Please access the OCFS-4627, *Request for Forms and Publications*, from the Intranet: [http://ocfs.state.nyenet/admin/forms/Management\\_Services/](http://ocfs.state.nyenet/admin/forms/Management_Services/)

Internet [http://ocfs.ny.gov/main/documents/forms\\_keyword.asp](http://ocfs.ny.gov/main/documents/forms_keyword.asp) and mail the completed OCFS-4627, *Request for Forms and Publications* to: THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 116 SOUTH BLDG., RENSSELAER, NY 12144.



## AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons 18 years of age or older residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

**AGENCY CODE:** Record your three-digit agency code. **NOTE:** Day Care, Family and Group Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha or Alpha/Numeric three-digit code with your licensing agency.

**DAYCARE PROVIDERS:** Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of RID number. (Contact your licensing agency/regional office if you have any questions).

**RESOURCE I.D. (RID):** Record your RID in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs and local departments of social services, have RIDs as of 9/2001. Verify your RID with your licensing agency. If you need assistance, email: [ocfs.sm.conn\\_app@ocfs.ny.gov](mailto:ocfs.sm.conn_app@ocfs.ny.gov)

**CLEARANCE CATEGORIES:** Record the appropriate alpha code in the category box.

<p><b>A</b>—Adult Services/Family Type Home for Adults</p> <p><b>CCE</b>—Child Care Current Employee</p> <p><b>CCZ</b>—Child Care Prospective Volunteer/Consultant</p> <p><b>CCS</b>—Child Care Provider of Goods/Services</p> <p><b>D</b>—Prospective employee (<i>Local DSS district - bill against reimbursement</i>) **</p> <p><b>F</b>—Prospective/new employee other than day care employees. (fee required - see below) *</p> <p><b>G</b>—This is a provider or employee, at legally-exempt in-home child care who does not reside in the home. No checks required when provider is a legally-exempt relative-only in-home child care provider.  (This category is only to be used by Enrollment Agencies) (fee required - see below) *</p> <p><b>I</b>—This is a provider, at legally-exempt family child care. No checks required when provider is a legally-exempt relative-only family child care provider. (This category is only to be used by Enrollment Agencies) (fee required - see below) * For providers, include address history for all household members 18-years old or over who are not related in any way to all children in care.</p> <p><b>J</b>—Age 18 or Older Household Member (with no child care role)</p>	<p><b>L</b>—This is a director or employee at legally exempt group child care. (This category is only to be used by Enrollment Agencies). (fee required - see below) *</p> <p><b>M</b>—Director of a summer camp, overnight camp, day camp or traveling day camp.</p> <p><b>N</b>—Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below) *</p> <p><b>P</b>—Applying to be a family day care provider. (<i>fee required - see below</i>) * Provide address history for all household members 18-years old or over.</p> <p><b>Q</b>—Applying to be group family day care provider. (<i>fee required - see below</i>) * Provide address history for all household members 18 years old or over.</p> <p><b>R</b>—Applying to be kinship foster parents.</p> <p><b>U</b>—Universal Pre-K Teacher (fee required - see below)*</p> <p><b>W</b>—Applying to be foster parents or family care home providers.</p> <p><b>X</b>—Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</p> <p><b>Y</b>—Prospective <u>Day Care</u> employee (<i>fee required - see below</i>) * —Applying to be a Group Family Day Care Assistant. (fee required - see below) *  Prospective employee of legally-exempt family child care (fee required-see below)*</p>
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**AGENCY LIAISON:** Record the name of the person to whom the response should be sent (cannot be the same as applicant or related to the applicant).

**APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS:** This information is to be provided by the applicant/employee/provider. (See front of form).

**APPLICANT(S):** -USE FIRST LINE (at least one person must be so designated)

**MAIDEN NAME/ALTERNATIVE/AKA:** MUST be completed for every applicant. Record **ALL** previous names used. Start with second line. Use as many lines as needed (one last name per line)

**OTHER HOUSEHOLD MEMBERS:** describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (ATTACH ADDITIONAL PAGE IF NECESSARY)

**IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.**

\*Social Services Law 424-a(1)(f) requires the collection of a **\$25.00 fee** for applicants for employment and applicants to be a child care provider. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of twenty-five dollars, is to accompany the form. The check must also include the applicant's name and the agency code.

**N.B.:** a separate check must accompany each form.

\*\*Social Services Law 424-a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

**If you have questions, please call the SCR at 518-474-5297.**

**SUBMIT YOUR COMPLETED FORM, LDSS-3370, DCCS VERSION TO THE PERSON REFERENCED IN OCFS-6000  
INCLUDE THE REQUIRED FEE FOR EACH APPLICANT FOR EMPLOYMENT/TO BE A CHILD CARE PROVIDER**





## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	AND	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

\*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.