

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

**Fingerprint Submission Authorization Form**



The form is required for **OPWDD providers** when using LIVESCAN or when scanning prints from fingerprint cards. This form provides NYS Division of Criminal Justices Services (DCJS) the information necessary to process the fingerprints that are submitted. The form must be completed prior to presentation to the LIVESCAN operator, however, the operator will confirm that information on the form matches the physical attributes of the applicant and may change the information to reflect actual physical attributes. The LIVESCAN operator **MUST** confirm the identification of the applicant by means of one of the following documents which includes a photograph: valid driver’s license, valid school identification document, valid passport, or valid military identification. If one of these is not available, documents that can confirm identity for employment purposes can be utilized. If “ink and roll” is being used the individual taking the prints must confirm the identification of the applicant.

**Instructions:**

1. Complete *all* fields on the form. Please print legibly.
2. If Livescan prints are being taken, give completed form to applicant to bring to Livescan location.
3. If “ink and roll” is being used, mail the completed form along with fingerprint cards and JC Fingerprint Submission Form to the JC CBC Unit at 502 Balltown Road, Schenectady, NY 12303-0005.

**Applicant**

Last Name		First Name		Middle Name		Suffix	
Social Security Number		Date of Birth		Birth State		Birth Country	
Citizenship		Alien Registration # if applicable					
Gender:							
<input type="checkbox"/> Male <input type="checkbox"/> Female							
Race: Check the code which best describes the person.							
<input type="checkbox"/> W (white) <input type="checkbox"/> B (black) <input type="checkbox"/> I (American Indian or Alaskan Native) <input type="checkbox"/> A (Asian or Pacific Islander) <input type="checkbox"/> U (Unknown) <input type="checkbox"/> O (Other)							
Eye Color: Check the eye color code which best describes the person’s eye color.							
<input type="checkbox"/> BLK – Black <input type="checkbox"/> GRY – Gray <input type="checkbox"/> MAR – Maroon <input type="checkbox"/> XXX – Unknown <input type="checkbox"/> BLU – Blue <input type="checkbox"/> GRN – Green <input type="checkbox"/> PNK – Pink <input type="checkbox"/> MUL – Multi-color <input type="checkbox"/> BRN – Brown <input type="checkbox"/> HAZ – Hazel							
Hair Color: Check the hair color code which best describes the person’s hair color.							
<input type="checkbox"/> BAL – Bald <input type="checkbox"/> BRO – Brown <input type="checkbox"/> SDY – Sandy <input type="checkbox"/> BLU – Blue <input type="checkbox"/> BLK – Black <input type="checkbox"/> GRY – Gray <input type="checkbox"/> WHI – White <input type="checkbox"/> GRN – Green <input type="checkbox"/> BLN – Blonde <input type="checkbox"/> RED – Red <input type="checkbox"/> XXX – Unknown <input type="checkbox"/> ONG – Orange <input type="checkbox"/> PNK – Pink <input type="checkbox"/> PLE – Purple							

Skin Tone		Ethnic Origin (Enter either Hispanic or Non-Hispanic)	
<input type="checkbox"/> Albino	<input type="checkbox"/> Light	<input type="checkbox"/> Ruddy	
<input type="checkbox"/> Black	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Sallow	
<input type="checkbox"/> Dark	<input type="checkbox"/> Medium	<input type="checkbox"/> Yellow	
<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Med Brown	<input type="checkbox"/> Other	
<input type="checkbox"/> Fair	<input type="checkbox"/> Olive	<input type="checkbox"/> Unknown	
Weight (enter whole numbers only)		Height (enter feet and inches)	
Driver's License State		Driver's License Number	
Street Address			
City		State	Zip
County		Country	
Applicant Type: Check appropriate response (check only one)			
<input type="checkbox"/> Direct Service Provider		<input type="checkbox"/> Operator	
<input type="checkbox"/> Family Care		<input type="checkbox"/> Volunteer	
Aliases (this includes maiden name)			
Last Name	First Name	Middle Name	Suffix
Position: Choose the appropriate type (check only one)			
<input type="checkbox"/> Administration	<input type="checkbox"/> Food Service	<input type="checkbox"/> Other Support	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Other Support	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Physician-non-Psychiatric	<input type="checkbox"/> Research
<input type="checkbox"/> Direct Care	<input type="checkbox"/> Intensive Case Mgmt	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Residential Care
<input type="checkbox"/> Clinical Ancillary Services	<input type="checkbox"/> Maintenance & Engineering	<input type="checkbox"/> Psychology	<input type="checkbox"/> Safety
<input type="checkbox"/> Clinical Mgmt	<input type="checkbox"/> Nursing	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Social Work
Justice Center/OASAS Waiver		<input type="checkbox"/> New Hire	
<input type="checkbox"/> Yes <input type="checkbox"/> No		OR	
		<input type="checkbox"/> Transfer from other Provider/Program/Agency	
Program Code (enter four digit code from Page 3)			
Job Duties: Please enter detailed information about the job duties that indicate <b>how</b> the applicant will have direct and substantial unsupervised contact with persons receiving services/care and to what degree. (150 Character limit)			
User Department Division – Please enter the name of the DDSO, agency or registered provider with which the applicant will be associated.			
DDSO/Agency/Registered Provider Name _____			

PROGRAM_CODE	PROGRAM_NAME
0053	Community Residence Part 671 – Residential Habilitation
0060	Crisis Intervention
0070	Summer Camp
0080	Residential School
0090	Intermediate Care Facility (30 beds or less)
0091	TUBS – Intermediate Care Facility (30 beds or less)
0100	Clinic Treatment Facility (Free-Standing Clinic)
0101	Clinic Treatment Facility (Clinic Joint Venture)
0120	Specialty Clinic
0150	Family Support Services
0190	Program Development Grants
0200	Day Treatment
0202	Day Treatment Partial
0212	HCBS Day Habilitation Service
0213	HCBS Prevocational Services
0214	HCBS Supported Employment
0215	HCBS Environmental Modifications
0216	HCBS Adaptive Technologies
0219	HCBS Residential Habilitation Service (At home)
0220	HCBS Residential Habilitation Service (Family Care)
0221	HCBS Assistive Supports
0222	Other Service Coordination (Non-Medicaid)
0229	Medicaid Service Coordination (MSC)
0231	HCBS Supervised IRA (Room & Board & Residential Habitation Services)
0232	HCBS Supportive IRA (Room & Board & Residential Habitation Services)
0233	HCBS Freestanding Respite
0235	HCBS Hourly Respite
0330	Day Training
0340	Sheltered Workshop/Certified Work Activity
0360	Classroom Education
0370	Preschool Program
0380	Transitional Employment Placement
0390	Supported Employment (non-HCBS waiver)
0400	Prevocational (non-HCBS waiver)
0410	Individualized Support Services
0411	HCBS Consolidated Supports and Services
0413	HCBS Family Education and Training
0414	Epilepsy Services
0416	HCBS Waiver Plan of Care Support Services
0610	Recreation
0630	Homemaker/Housekeeping Services
0650	Respite Care
<b>*0670</b>	<b>Transportation</b>
0750	Information and Referral
0810	Case Management
<b>*0880</b>	<b>Subcontract Service (Program Type for Registered Provider)</b>
0890	Local Governmental Unit (LGU) Administration
1053	Community Residence Part 671 Supportive –Residential Habitation
1090	Intermediate Care Facility (over 30 beds)
1150	Traumatic Brain Injury (TBI)
1190	Special Legislative Grants
1220	HCBS Care at Home –III
1670	Integrated Employment Transportation
1850	Voluntary Preservation Project
2090	VOICF/DD, Sheltered Workshop
2091	VOICF/DD, Sheltered Workshop (not operated by service provider)
2190	Developmental Disabilities Program Council Grants
2220	HCBS Care at Home – IV &VI
3070	Shelter Plus Care Housing
3090	VOICF/DD, School District Contract
4090	SOICF Sheltered Workshop/Day Training
5090	VOICF/DD Day Training
5091	VOICF/DD Day Training (not operated by a service provider)
6090	Day Program Service Included in ICF/DD (On-site)
6091	Day Program Services Included in ICF/DD (Off-site)