NYS Request for Card Scan Services - Information Form

Contributor Agency Section:

ORI: NY922170Z Contributor Agency: NYS Justice Center – OPWDD – CBC Unit

Reason Fingerprinted: Local Service Applicant

Job Type: (Select one) ☐ Direct Service Provider ☐ Family Care ☐ Volunteer ☐ Operator

Agency ID Number: _____

(available in Justice Center CBC system and online at www.justicecenter.ny.gov on the OMH Providers Move to MorphoTrust drop-down on the Pre-Employment Checks tab)

Applicant Section:

☐ New Submission ☐ Resubmission

Name of Applicant:

Last _____ First _____ M.I. ____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: Age: Sex: Male ☐ Female ☐ Race: _____

Ethnicity: Hispanic ☐ Non Hispanic ☐ Height: ft. in. Weight: lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State / Country of Birth: _____ Country of Citizenship: _____

Job Description: Please include detailed information about the job duties that indicate how the applicant will have direct and substantial unsupervised contact with persons receiving services/care and to what degree.

Contact Information where applicant can be reached if there is a question about the fingerprint card:

Phone Number: _____

E-mail Address: _____

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