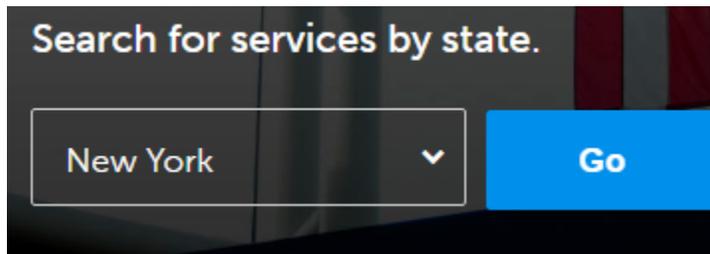


Fingerprint Registration Guidance

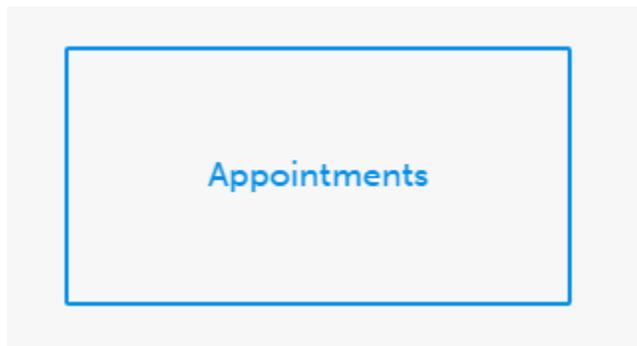
Appointments for fingerprinting can be made by the Provider's Authorized Person either on-line at www.identigo.com or by calling L-1 Enrollment Services at (877) 472-6915. Applicants will not be fingerprinted without an appointment.

To enroll online, OCFS Providers should follow the following instructions:

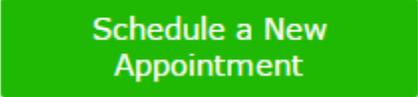
1. After selecting NY in the Search by State drop down on the Identigo homepage, click Go:



2. Scroll down and click Appointments:



3. Then select Schedule a New Appointment:



Schedule a New Appointment

4. OCFS Providers enter ORI number **NY922286Z** and select Go:

Please enter your ORI number in the box below.

ORI Number

Go

5. Enter the 5 digit Provider id number and select Go:

Please enter your provider id number in the box below.

Provider ID

Go

NOTE: A list of OCFS provider ids is posted to the Justice Center's website on the Pre-Employment Check drop down, under CBC Info for OCFS Providers.

6. Confirm that the right provider has been selected. If the correct provider name has not appeared, you have likely entered the wrong provider id.

You selected the provider **1003 Walnut Street/dba Sol Stone Center**.

Is this correct?

7. The next screen contains Application Details:

Application Details

Please provide answers to the following questions.

Have you completed the Staff Exclusion List check? * Yes, I certify that the Staff Exclusion List has been completed. No. Please request Staff Exclusion List Check first.

Applicant Type *

Hiring Category *

Position Category *

Job Duties *

*Please enter 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.*

To complete this screen, OCFS providers should:

- Confirm that a SEL check has already been completed.
- From the Applicant Type drop-down list, select **Direct Service Provider**.
- From the Hiring Category drop-down, select **New Hire**.
- From the Position Category drop-down, **Residential Care**
- A detailed Job Description of the applicant's duties must be entered.

NOTE: If your program operates OMH, OPWDD or OCFS programs and an applicant will or may be working in more than one of these programs, indicate that in the Job Duties description and a Justice Center determination will be applicable for that applicant for all OMH, OPWDD and OCFS programs operated by your agency.

8. Upon selecting Go, the next screen is for selecting the fingerprinting location. After entering a zip code or selecting a region, and clicking Next Step, you will see a screen with locations and dates:

The screenshot shows a two-step selection process on a yellow background. The first step is a text input field for a zip code, followed by a blue 'Next Step' button. The second step is a dropdown menu for selecting a region, currently set to 'CENTRAL NY', followed by another blue 'Next Step' button.

Enter a zip code to determine the closest fingerprinting location.

Next Step

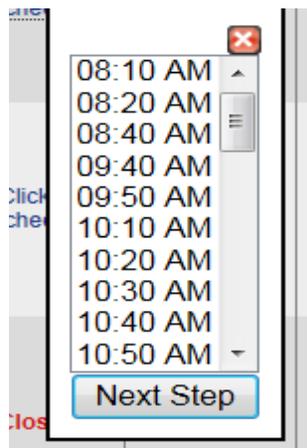
or

Please choose the region you will be in for your identification appointment.

Next Step

[Select Another Region or Zip Code]	Saturday 10/22/2016	Sunday 10/23/2016	Monday 10/24/2016	Tuesday 10/25/2016	Wednesday 10/26/2016	Thursday 10/27/2016	Friday 10/28/2016
Albany - New Scotland Ave H&R Block 10 New Scotland Ave Albany, NY 12208 Directions	Schedule Full	Closed	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule
Albany - Everett Rd Northeast Testing 21 Everett Rd Ext Albany, NY 12205 Directions	Closed	Closed	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule
Schenectady - Wall St H&R Block- Amtrak Station PLaza 133 Wall St Ste 3 Schenectady, NY 12305 Directions	Schedule Full	Closed	Click to Schedule	Closed	Click to Schedule	Click to Schedule	Click to Schedule

9. After selecting a convenient date, move the cursor over “Click to Schedule” and click, then you will see a drop down to select a convenient time. After selecting time, click Next Step:



10. After selecting the location and time and clicking Next Step, an Applicant Information screen will appear, after entering all of the applicant's required demographic information, click Send Information:

Applicant Information

Instructions
Items marked with an * are required. A red exclamation mark will appear to the right of any field that has an error. Click on the exclamation mark for a description of the error.

Applicant Name

Prefix *	First Name *	Middle Name	Last Name *	Suffix *
----------	--------------	-------------	-------------	----------

Applicant Alias or Maiden Name

Prefix *	First Name	Middle Name	Last Name	Suffix *
----------	------------	-------------	-----------	----------

[Add Alias \(up to 5\)](#)

Applicant Home Address

Number *	Direction *	Street Name *
----------	-------------	---------------

Unit Designator *

Country *	City *	State *	Zip Code *
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Methods of Contact

Phone 1 *	Phone 1 Type *	Phone 2 *	Phone 2 Type *
-----------	----------------	-----------	----------------

Email	Confirm Email
-------	---------------

Preferred Contact Method *	Preferred Contact Time *	Contact Notes/Instructions
----------------------------	--------------------------	----------------------------

Applicant Demographic Data

Date of Birth (MM/DD/YYYY) *	Age *	Gender *	Height *	Weight *
------------------------------	-------	----------	----------	----------

Race *	Ethnicity *	Skin Tone	Hair Color *	Eye Color *
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Place of Birth *	Citizen Country *	Social Security Number
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After You Have Entered All Required Information ----> [Send Information](#)

11. After confirming that the information you have entered is accurate, select Next Step:

Information Verification

YOUR APPOINTMENT IS NOT YET COMPLETE

Please review all of the following information.
If any of this information is incorrect, please click the change button at the bottom of each section to make any needed changes to that section.

If All Information Appears Correct ---->

Next Step

12. You will then select the form of identification that the applicant will bring to the fingerprinting appointment:

ID Types

The state of New York requires you to present one form of photo identification at your appointment. Please make a selection from the list of valid forms of identification below. **Identification presented must be valid and not expired.** After you have made your choice, please press the Go button.

Valid Photo Identification Allowed

Identification must be valid and not expired

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Document that contains a photograph
- Foreign Driver's License (Mexico and Canada Only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- U.S. Tribal or Bureau of Indian Affairs Identification Card (Enhanced Tribal Card Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)

Go

13. Payment options include: money order, debit card, business check, credit card, certified bank check, eCheck, or Billing Account. Payment is made to “MorphoTrust USA”.

NOTE: Should your office desire to enter into an account arrangement with MorphoTrust, information regarding escrow account arrangements may be found at www.identogo.com. Select “NY” and then click on “Forms and Links”.

The current fingerprinting fee is \$99.25. After selecting Method of Payment, click Send Payment Information:

Payment Collection

Your total is \$99.25. Please choose a payment method below.

1) Method of Payment

Personal Check (pay onsite) ▼

select

2) Remember to bring your payment with you to your appointment. You will not be fingerprinted without payment.

3) Referral Code - What is this?

4) **Send Payment Information**

14. The registration is now complete, please print the form and keep:

Registration Complete

[Register Another Applicant](#)

[Print](#)

Registration Completed for d k

Appointment Details

Location

Albany - New Scotland Ave
H&R Block
10 New Scotland Ave
Albany, NY 12208
United States
[Get directions from Google Maps](#)

Appointment

Date: 10/24/2016
Time: 11:50 AM

Registration ID

JH16003868E

Payment Details

Your payment has already been made using Billing Account, no onsite payment is required.

Reminders

Your photograph will be taken during the fingerprinting process. Please dress appropriately.

The state of New York requires you to present one form of photo identification at your appointment. Identification presented must be valid and not expired. Please bring one of the following forms of photo identification with you on the day of your appointment.

- Driver's License issued by a State or outlying possession of the U.S.
 - Driver's License PERMIT issued by a State or outlying possession of the U.S.
 - ID card issued by a federal, state, or local government agency or by a Territory of the United States
 - State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
 - Commercial Driver's License issued by a State or outlying possession of the U.S.
-

15. RECEIPT: The applicant will be provided two receipts indicating the applicant's name, fingerprinting site location, date and time and reason for fingerprinting. The applicant should provide one of those receipts to your agency and retain the other copy.

FINAL NOTE: An information sheet with the above information, including ORI number and provider id, should be prepared for Authorized Persons who will be registering applicants. Please note that the IdentoGo staff cannot assist in providing any of the above information.