

NEW YORK STATE  
OFFICE OF CHILDREN & FAMILY SERVICES  
**REQUEST FOR NYS FINGERPRINTING SERVICES**  
**Information Form**

(To be completed by Provider or Foster Care/Adoption Agency)

**Enrollment Information:**

Applicant must have an appointment to be fingerprinted. At appointment, applicant will need to bring this form and acceptable ID as noted on reverse.

Appointments can be obtained by contacting vendor at one of the following:

**Website:** [www.Identogo.com](http://www.Identogo.com) or the **Call Center:** 877-472-6915

**Contributor Agency Section:**

ORI: NY922130Z Contributor NYS Office of Children & Family Services

**Job or License Type:**  Child Day Care  Foster Care/Adoption  Mentor  
 OCFS Employee (employee / peace officer – *please circle one*)

Facility/Agency ID Number: 00477308dcc Additional Agency ID Info: N/A

(FOSTER CARE/ADOPTION ONLY)

Facility Name/Address: Oyster Babies East / 425 Maplewood Road, Huntington Station, NY 11746

**Applicant Section:**

New Submission  Resubmission

Name of Applicant: \_\_\_\_\_

Alias / Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female  Other Ethnicity:  Hispanic  Non Hispanic

Race:  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander

Other  Unknown

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs.

State / Country of Birth: \_\_\_\_\_

**Role of Applicant (please check one):**

**CHILD DAY CARE:**  Director (D)  Provider (F)  Employee/Teacher/Volunteer (T)  
 Household Member over the age of 18

**FOSTER CARE:**  Foster Parent (FP)  Relative Foster Parent (RFP)  Foster Child (FC)  
 Household Member of a Foster Parent over the age of 18 (FHM)  
 Household Member of a Relative Foster Parent over the age of 18 (RHM)

**ADOPTION:**  Adoptive Parent (AP)  Household Member of an Adoptive Parent over the age of 18 (AHM)

**Additional Information: (Foster Care Only)**

CONNECTIONS Home Resource ID# N/A

CONNECTIONS Person ID# N/A

**Accepted Forms of Identification:**

**NOTE:** Applicant *MUST* present two (2) forms of ID, at least one of which must have a photo (see Column A):

<b><u>Column A - Valid Photo Identification:</u></b>	<b><u>Column B - Valid Supplementary Identification:</u></b>
U.S. Passport (unexpired or expired) Permanent Resident Card Alien Registration Receipt Card Unexpired Foreign Passport Driver's License or Photo ID Card (issued by U.S. State or Territory) School or College ID Card (with photo) Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B) Photo ID Card issued by federal, state, or local govt.	Voter registration card U.S. Military card or draft record Military dependent's ID card Coast Guard Merchant Mariner Card Native American Tribal Document Canadian Driver's License U.S. Social Security Card Original or certified copy of a Birth Certificate issued by authorized U.S. agency with official seal Certification of Birth Abroad (issued by U.S. Department of State) U.S. Citizen ID Card (Form I-7)

**Identification if under 18 and nothing else available:**

School record or report card  
Clinic, doctor, or hospital record

Hard-to-print applicants and household members over the age of 18 who suffer disabling conditions that prevent them from leaving the home may need to be printed in the traditional format of ink-and-rolled prints. Those fingerprints should be accompanied by a completed OCFS-4930 Request for NYS Fingerprinting Services Form and forwarded to MorphoTrust USA at the following address:

MorphoTrust USA  
Card Scan Department  
3051 Hollis Drive, Suite 310  
Springfield, IL 62704

**Enrollment Website address:** [www.Identogo.com](http://www.Identogo.com)

**Call Center phone number:** 877-472-6915