

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**NOTICE TO NYS OCFS OF FOSTER HOME TRANSFER
BETWEEN AUTHORIZED AGENCIES**
(TO BE COMPLETED BY RECEIVING AGENCY)

NAME OF FOSTER HOME _____

RESOURCE ID# / _____

AGENCY ID# _____

RECEIVING AGENCY ID#	SENDING AGENCY ID#
RECEIVING AGENCY NAME AND ADDRESS	SENDING AGENCY NAME AND ADDRESS

PROVIDE NAMES AND NYSID# FOR ALL MEMBERS OF THE HOUSEHOLD AGE 18 AND OVER (ATTACH ADDITIONAL SHEETS IF NECESSARY). THE **NYSID#** IS FOUND ON THE SUMMARY OF RESULTS OF THE CRIMINAL RECORD BACKGROUND CHECK LETTER. IT IS ASSIGNED BY DCJS TO EACH INDIVIDUAL FOR WHOM FINGERPRINTS ARE PROCESSED. THE SUMMARY OF RESULTS IS SENT BY OCFS TO AN AGENCY AND IS THE **ONLY** PLACE YOU WILL FIND THIS NUMBER.

NAME	NYSID#

This is to certify that (name of agency) _____ has received and reviewed the paper and CONNECTIONS record of the above referenced foster home and found such record to have all necessary and required documentation in accordance with 00 OCFS INF- 6.

Effective / / , _____
(date of transfer) (name of agency)

assumes responsibility for the foster home. We understand that for any names listed on this form, any criminal history identified on or after the date of transfer will be sent to our agency.

/ /

(Signature of Authorized Agency Representative) Date

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Title Phone Number

Please send via email to ocfs.sm.chru.mailbox@ocfs.ny.gov

Or fax ATTENTION: Cliff Pelton to: 518-402-1667