

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR NYS FINGERPRINTING SERVICES
Foster Care and Adoption

Enrollment Information:

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

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

Website: <https://uenroll.identogo.com/workflows/1543Z1> or the **Call Center:** 877-472-6915

Contributor Agency Section:

Service Code: 1543Z1 Contributor Agency: NYS Office of Children and Family Services-Adoption / Foster Parent

Facility/Agency ID Number: _____ Additional Agency ID Info: _____
(FOSTER CARE/ADOPTION ONLY)

Facility Name/Address: _____

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):

FOSTER CARE: Foster Parent (FP) Relative Foster Parent (RFP) Foster Child over the age of 18 (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 Parent Only)

CONNECTIONS Home Resource ID# _____

CONNECTIONS Person ID# _____

Applicant Affirmation Section

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

Applicant Signature: X Date: / /

Payment Section:

Agency Billing Account

Accepted Forms of Identification (must be valid and not expired):

- Driver license issued by a state or outlying possession of the United States, U.S.
- Driver 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 U.S.
- State ID card (or outlying possession of the U.S.) with a seal or logo from state or state agency
- Commercial driver license issued by a state or outlying possession of the U.S.
- Department of Defense Common Access Card
- Employment authorization document that contains a photograph
- Foreign driver 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. Coast Guard Merchant Mariner Credential
- U.S. Military identification card
- U.S. passport
- U.S. Tribal card (enhanced only) or U.S. Bureau of Indian Affairs identification card
- U.S. visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the U.S.
- Uniformed Services identification card (form DD-1172-2)

Hard to Print Applicants:

Please contact the Criminal History Review Unit @ (518) 473-8595 for instructions.