

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.L1Enrollment.com](http://www.L1Enrollment.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: \_\_\_\_\_ Additional Agency ID Info: N/A

(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):**

**CHILD DAY CARE:**  Director  Provider  Employee/Teacher/Volunteer  Household Member over 18 yrs

**FOSTER CARE:**  Foster Parent  Relative Foster Parent  Household Member over 18 yrs  
 Foster Child

**ADOPTION:**  Adoptive Parent  Household Member over 18 yrs

**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):

**Column A - Valid Photo Identification:**

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.

**Column B - Valid Supplementary Identification:**

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

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