Request for Criminal History Record Check

NYS Office For People With Developmental Disabilities
Criminal Background Check Unit
PO Box 3005
Schenectady, NY 12303-0005

This form is to be used only by voluntary agencies and DDSOs. The purpose of this form is to formally request a criminal history record check. For state employees, DDSO should use Form OMR 106S. Registered providers must use Form OMR 106A.

Instructions:

1. Complete all fields on the form. Please print legibly.
2. Authorized party must sign and date the form.
3. If Livescan prints are being taken, give completed form to applicant to bring to Livescan location.
4. If "ink and roll" is being used, mail the completed form along with fingerprint cards and Form OMR 107 to the CBC Unit at above address.

Agency/DDSO Name	Agency Corp ID

Applicant's Last Name	First Name	MI

Date of Birth	Social Security Number

Street Address or PO Box (applicant's)

City	State	Zip

Status (check one)	Position Type (check one)	Program Type
☐ E – Employee (non state)	☐ Support	(four digit code select from page 2)
☐ V – Volunteer	☐ Administrative	
☐ F – Family Care Provider	☐ Clinical	____ ____ ____ ____
☐ A – Adult household member	☐ Direct Care	
☐ R – Family Care Respite/substitute	☐ Not Applicable	
☐ H – Adult household member		
☐ N – Employees of vendors and contractors		

The applicant will have regular and substantial unsupervised or unrestricted physical contact with individuals receiving services and is a subject party concerning whom a criminal history record check is required by law. The results of the criminal history record check will be used solely for purposes authorized by law. Informed consent has been given by the applicant and is on file.

Please check if applicable:

☐ The subject party is a subject party for a position which requires simultaneous criminal history record checks by both OPWDD and OMH (see OPWDD Policy 205).

Name of Authorized Party_____

OPWDD Secure Message ID_____

Signature of Authorized Party _____ Date _____

PROGRAM_CODE	PROGRAM_NAME
0053	Community Residence Part 671 – Residential Habilitation
0060	Crisis Intervention
0070	Summer Camp
0080	Residential School
0090	Intermediate Care Facility (30 beds or less)
0091	TUBS – Intermediate Care Facility (30 beds or less)
0100	Clinic Treatment Facility (Free-Standing Clinic)
0101	Clinic Treatment Facility (Clinic Joint Venture)
0120	Specialty Clinic
0150	Family Support Services
0190	Program Development Grants
0200	Day Treatment
0202	Day Treatment Partial
0212	HCBS Day Habilitation Service
0213	HCBS Prevocational Services
0214	HCBS Supported Employment
0215	HCBS Environmental Modifications
0216	HCBS Adaptive Technologies
0219	HCBS Residential Habilitation Service (At home)
0220	HCBS Residential Habilitation Service (Family Care)
0221	HCBS Assistive Supports
0222	Other Service Coordination (Non-Medicaid)
0229	Medicaid Service Coordination (MSC)
0231	HCBS Supervised IRA (Room & Board & Residential Habitation Services
0232	HCBS Supportive IRA (Room & Board & Residential Habitation Services
0233	HCBS Freestanding Respite
0235	HCBS Hourly Respite
0330	Day Training
0340	Sheltered Workshop/Certified Work Activity
0360	Classroom Education
0370	Preschool Program
0380	Transitional Employment Placement
0390	Supported Employment (non-HCBS waiver)
0400	Prevocational (non-HCBS waiver)
0410	Individualized Support Services
0411	HCBS Consolidated Supports and Services
0413	HCBS Family Education and Training
0414	Epilepsy Services
0416	HCBS Waiver Plan of Care Support Services
0610	Recreation
0630	Homemaker/Housekeeping Services
0650	Respite Care
0670	Transportation
0750	Information and Referral
0810	Case Management
0880	Subcontract Service
0890	Local Governmental Unit (LGU) Administration
1053	Community Residence Part 671 Supportive –Residential Habitation
1090	Intermediate Care Facility (over 30 beds)
1150	Traumatic Brain Injury (TBI)
1190	Special Legislative Grants
1220	HCBS Care at Home –III
1670	Integrated Employment Transportation
1850	Voluntary Preservation Project
2090	VOICF/DD, Sheltered Workshop
2091	VOICF/DD, Sheltered Workshop (not operated by service provider)
2190	Developmental Disabilities Program Council Grants
2220	HCBS Care at Home – IV &VI
3070	Shelter Plus Care Housing
3090	VOICF/DD, School District Contract
4090	SOICF Sheltered Workshop/Day Training
5090	VOICF/DD Day Training
5091	VOICF/DD Day Training (not operated by a service provider)
6090	Day Program Service Included in ICF/DD (On-site)
6091	Day Program Services Included in ICF/DD (Off-site)