

Please note that all applicants must provide their complete addresses for each residence for the last 28 YEARS.

It is extremely important that all information on the form is legible so that data entry and results are accurate. Each SCR Database Check Form will be reviewed for completeness and legibility prior to submission. If the form is incomplete or illegible, it will be returned for corrections.

APPLICANT/HOUSEHOLD MEMBER AREA:

- *First line:* Indicate your name – last name, first name.
- *Second line:* Any maiden names, previous married names, or aliases by which you have been known. Circle whether it's maiden or alias. Use additional lines if there is more than one maiden/married/alias name to be listed. **Indicate “NONE” if there are no maiden or alias names.**
- If there are no other household members and you live alone, check off the box just below the “Maiden/Alias” line.
- *Remaining lines:* Indicate the names of all household members. **All household members that live with you are to be listed in this area of the form, regardless whether or not they are related to you. Include all adults, children and roommates** (Attach an additional page if needed).
- *First column:* indicate your **relationship** to each person listed as spouse, child, family member, or other.
- *Third column:* indicate the **sex**. Fill in either M (Male) or F (Female) for each person listed.
- *Last column:* fill in **date of birth** (MM/DD/YYYY) for each person listed.

ADDRESS AREA:

- **Indicate all addresses that you have resided in for the last 28 years or since birth.** Start with your most recent (current) address. If exact address is not available, you can include the city and state. (In the event you ever lived in a shelter, that address must also be included.)
- Make sure that there are no gaps between the address history. All address dates must be entered in the format MM/YYYY.
- Complete addresses are required. Include building number, street name/number, city/town/village and zip code. **Post Office box numbers are not acceptable.**
- If you have lived abroad, indicate only the country and dates of residence. If you have spent time in the military, list base names and locations along with dates. **Be sure that there are no periods of time unaccounted for – the inquiry cannot be submitted otherwise.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on going back 28 years or since birth. (Use page 2 as the additional page if needed)

SIGNATURE AREA:

- Only your signature is required.
- The signatures should match your name. **For example - William Smith should not sign “Will Smith”**
- All signatures must be dated (MM/DD/YYYY). **The SCR will not accept a form with a signature date more than 6 months old.**

COMPLETED FORMS ARE PROCESSED BY NYC HEALTH + HOSPITALS:

- Once you complete your form please **DO NOT** send it to the STATEWIDE CENTRAL REGISTRY.
- Completed forms should be emailed to the Human Resources Specialist who sent you your onboarding documents.
- All forms will be reviewed by Human Resources and submitted to the Statewide Central Registry via their online portal.