



## Staff or Volunteer (Applicant) Authorization and Affirmation Form for a Comprehensive Background Check

Each applicant must complete and sign this form. By signing this form, you authorize the New York City Department of Health and Mental Hygiene (NYC Health Department) to conduct the required background checks, and you are affirming that all the information you have provided to the group child care program is true and accurate.

### Applicant Information

Applicant First and Last Name (print or type):

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### Authorization and Affirmation

By signing below, I affirm the following:

1. I authorize the NYC Health Department to conduct a comprehensive background check (CBC) on me.
2. The information provided for this application is true and accurate to the best of my knowledge.
3. I understand that if I knowingly give false statements, such action could be grounds for denial of approval to work in a child care program.
4. I voluntarily agree to the disclosure of any and all information sought in a CBC pursuant to 42 USC §9859f and New York State Social Services Law §390-b.
5. I acknowledge that this CBC will be processed through registries that maintain arrest and criminal histories, sex offender statuses, record of child abuse or maltreatment and mistreatment of the disabled throughout the U.S. These include:
  - FBI and NYS Criminal History Check
  - Statewide Central Register of Child Abuse and Maltreatment
  - NYS Justice Center for the Protection of People with Special Needs
  - NYS Sex Offender Registry
  - National Crime and Information Center - National Sex Offender Registry Check
6. I understand that any information revealed in this CBC will be used solely for the purpose of determining my eligibility to work in a child care program.

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Signature of Applicant

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Date