



Staff or Volunteer (Applicant) Authorization and Affirmation Form for a School-Based Child Care Program 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 child care background checks, and you are affirming that all the information you have provided to the school-based child care program is true and accurate.

Applicant Information

Applicant First and Last Name (print or type):

Authorization and Affirmation

By signing below, I affirm the following:

1. I authorize the NYC Health Department to conduct a child care background check on me.
2. The information provided for this application is true and accurate to the best of my knowledge.
3. I acknowledge that this background check will be processed through the Federal Bureau of Investigation and New York State registries that maintain arrest and criminal history.
4. I understand that any information revealed in this background check will be used solely for the purpose of determining my eligibility to work in a school-based child care program.

Signature of Applicant

Date