**Instructions for Completing SCR Request Form**

Attached to this email are samples of the SCR form you are required to complete as part of your employment with Care Design NY. **Please follow the instructions carefully and complete ALL highlighted sections of the form.**

The SCR Request Form is a fillable form, so you may want to type in your responses and save the form as you work on it. However, the form does require a signature, and it will not accept an electronic signature. **You will need to print out this form, sign it, and scan it back to CDNY at our encrypted email address.**

*(Note : once you open the attachment, you may need to click the “Enable Editing” icon at the top of your screen in order to add your information).*

The following information is required – **PLEASE PRINT CLEARLY** :

* Line 1 “Applicant” – your name, gender and date of birth.
* Line 2 “Maiden/Alias”- your maiden name(s), or any other **first or last name** you may have used in your lifetime.
* Lines 3-9 - list the required information for **ANYONE CURRENTLY RESIDING** **WITH YOU** at your residence. Please indicate relationship (who they are to you – ex. spouse, mother, roommate, etc.), name, gender and date of birth. **This includes both family and non-family members - anyone who is currently staying with you at your current address.** If you require more space to list individuals currently residing with you, an additional page is attached at the back of the packet.
* Your addresses for all the places you have lived over the last 28 years, starting with the most recent and working backward for either 28 yrs, or to the year of your birth, whichever occurs first.
	+ ***Print neatly and legibly*** *– if an address is misread, it may delay your clearance.*
	+ *P.O. Boxes are NOT allowed – a full street address, including house number, street name, city, state and zip code must be provided.*
	+ *NO abbreviations please – “St.” should be written as “Street”, etc.*
	+ *If you have ever lived outside of the United States, please provide name of city and country, dates resided, and any other information you may have available.*
	+ *Please note: there cannot be any date gaps between residences - if you moved out of a residence in June 2003, then your next residence should show you moved in, in June 2003. The attached sample highlights how the addresses should match up.*
	+ *The approximate month and year you resided at each residence. The dates should be provided in the MM/YY format (ex. June 2013 would be listed as 06/13).*
	+ *If you require more space to list previous addresses, an additional page is attached at the back of the packet.*

Print form, then, sign and date the “Applicant’s Signature” line.

Scan the SCR request form and email it back to Care Design NY at our encrypted email address. You do not need to scan back any blank pages or instruction pages; please submit only the pages you have completed.