NEW YORK STATE OF OPPORTUNITY. Justice Center for the Protection of People with Special Needs	**Executive Order 202.13 – Criminal Background Check Request Form**	**REQUIRED** **State Oversight Agency:** ☐ **OMH** ☐ **OPWDD** ☐ **OCFS** **Please check the agency that applies**

INSTRUCTIONS

Complete this form to request a search of the Justice Center Criminal Background Check System. Pursuant to language in Executive Order 202.13, if the prospective employee has previously been fingerprinted and is currently employed, the applicant may not need to be fingerprinted immediately to transfer between providers of service. Please fill out this form in its entirety and return to your state oversight agency's designated point of contact for Executive Order 202.13 requests

Providers of OASAS services must contact OASAS directly regarding requests for waivers between programs that operate under the jurisdiction of OASAS. OASAS providers will utilize a separate form for requests to search the Justice Center Criminal Background Check System. OASAS PAS-123 Form can be located here: https://oasas.ny.gov/system/files/documents/2019/12/pas-123-nov.-2019.pdf

APPLICANT INFORMATION

Name of the applicant:	Date of Fingerprinting (if known):
Date of Birth:	Social Security No:

YOUR PROVIDER INFORMATION

Provider Name:
Provider No (5-digit provider code issued by State Oversight agency):
Job title of the position sought:
Name of the applicant's current employer (if known):