

NEW YORK STATE
Justice Center for the Protection of People with Special Needs

STATEWIDE CENTRAL REGISTER (SCR) CHECK
For Agency Use Only to Investigate Allegations of Abuse or Neglect

ALL INFORMATION MUST BE COMPLETE. PLEASE TYPE AND EMAIL FORM TO mailto: subjectsearchs@justicecenter.ny.gov

<p>The purpose of this form is to enable authorized investigators at the Department of Health (DOH), Office of Mental Health (OMH), and Office for People with Developmental Disabilities (OPWDD)—or investigators at private providers designated by DOH, OMH, or OPWDD to conduct the investigation—to request that the Justice Center conduct a search of the Statewide Central Register (SCR) database for indicated reports of child abuse or maltreatment against any individual who is the subject/suspect of a report of abuse or neglect to the Vulnerable Persons Central Register (VPCR) pursuant to NY Social Services Law § 492(3)(c)(iv). This form must be completed for each case of alleged abuse or neglect that involves one or more known subjects/suspects as soon as the information required below is known or discovered. Additional requests to search the SCR should be sent to the Justice Center if new subjects/suspects are identified during the course of the investigation. Additional instructions for completing this form are on the back/next page.</p>				<p>JUSTICE CENTER USE ONLY</p>	
				<p>REQUEST RECEIVED DATE: / /</p>	
				<p>REQUEST COMPLETE DATE: / /</p>	
				<p>REQUEST ASSIGNED TO:</p>	
AGENCY CODE:	CASE SERIAL NUMBER (OPWDD may use MASTER INCIDENT #):	INVESTIGATION START DATE: / /	DATE SCR CHECK REQUESTED: / /		
PRIMARY INVESTIGATOR NAME (FIRST LAST):		PRIMARY INVESTIGATOR E-MAIL:	PRIMARY INVESTIGATOR PHONE NUMBER (Area Code): () -		
INVESTIGATOR EMPLOYED BY PRIVATE PROVIDER? (Y / N)	IF INVESTIGATOR EMPLOYED BY PRIVATE PROVIDER, PLEASE PROVIDE NAME OF PROVIDER/FACILITY				

Justice Center Suspect Information
Complete this section for each known Suspect. Add additional forms if there are more than 2 suspects in your case.

Suspect # 1

SUBJECT/SUSPECT FIRST NAME		SUBJECT/SUSPECT LAST NAME		SUBJECT/SUSPECT ALIAS (OPTIONAL)		SUBJECT/SUSPECT ALIAS 2 (OPTIONAL)	
SEX (M/F)	DATE OF BIRTH / /	EMPLOYER NAME		EMPLOYER SAME AS PROVIDER (Y/N)	VPCR PROVIDER ID #		
EMPLOYER STREET ADDRESS			SUITE/UNIT #	EMPLOYER CITY		EMPLOYER STATE	EMPLOYER ZIP
CURRENT HOME STREET ADDRESS			APT/UNIT #	CITY		STATE	ZIP
PREVIOUS HOME STREET ADDRESS (If known)			APT/UNIT #	CITY		STATE	ZIP

Suspect # 2

SUBJECT/SUSPECT FIRST NAME		SUBJECT/SUSPECT LAST NAME		SUBJECT/SUSPECT ALIAS (OPTIONAL)		SUBJECT/SUSPECT ALIAS 2 (OPTIONAL)	
SEX (M/F)	DATE OF BIRTH / /	EMPLOYER NAME		EMPLOYER SAME AS PROVIDER (Y/N)	VPCR PROVIDER ID #		
EMPLOYER STREET ADDRESS			SUITE/UNIT #	EMPLOYER CITY		EMPLOYER STATE	EMPLOYER ZIP
CURRENT HOME STREET ADDRESS			APT/UNIT #	CITY		STATE	ZIP
PREVIOUS HOME STREET ADDRESS (If known)			APT/UNIT #	CITY		STATE	ZIP

NEW YORK STATE
Justice Center for the Protection of People with Special Needs

STATEWIDE CENTRAL REGISTER (SCR) CHECK
For Agency Use Only to Investigate Allegations of Abuse or Neglect
INSTRUCTIONS FOR USING THIS FORM

This form must be completed for **each** case of alleged abuse or neglect that involves one or more known subjects (suspects) as soon as the information required is known or discovered. The form includes space to request an SCR search for up to two suspects. If your case has more than two alleged suspects please use additional forms to request the search. Additional requests to search the SCR should be sent to the Justice Center if new suspects are identified during the course of the investigation.

Please refer to the following guidelines to complete the SCR Check form as part of the Justice Center investigations process. If you have additional questions please contact the Justice Center at subjectsearchs@justicecenter.ny.gov.

Required information	Description
Agency Code	The State Agency abbreviation (e.g. DOH, OMH, OPWDD) for your Agency
Case Serial Number	The Case Serial Number is the numeric serial number assigned to the investigation case record in the VPCR system, found in the case header.
Investigation Start Date	The date that the investigation began. This should generally correspond to the "Created Date" field in the VPCR system.
Date SCR Check Requested	The date you are requesting the SCR check (i.e. today's date)
Primary Investigator Name (First Last)	The first and last name of the primary investigator assigned to the case (i.e. your name)
Primary Investigator E-Mail	The email address of the primary investigator assigned to the case
Primary Investigator Phone Number	The phone number of the primary investigator assigned to the case
Suspect First and Last Name (Mandatory)	Provide the known first and last name of the suspect
Suspect Alias(es) (Optional)	Optionally, fields are provided to list any known alias(es) or nicknames that the suspect uses
Sex of the Suspect (Mandatory)	Indicate whether the suspect is known to be Male (M) or Female (F)
Suspect Date of Birth (Mandatory)	Indicate the date of birth of the suspect. This information should be available from HR/employment records
Employer name	The name of the suspect's employer. This should generally correspond to the provider/facility where the alleged incident occurred.
Employer same as provider (Y/N)	In some instances the suspect may be employed by a contractor or third party service provider at a provider or facility, and not the provider/facility itself. Indicate whether the suspect's employer is the same as the provider/facility where the incident occurred.
VPCR Provider ID #	The Provider ID number found in the VPCR provider record
Employer Address	Enter the street number and name for the Suspect's employer. A space is also provided to include the Suite or Unit number for the employer's address. The city, state and zip should also be provided
Suspect's Current Home Address (Mandatory)	Enter the street number and name for the Suspect's current address. A space is also provided to include the Apt or Unit number for the suspect's address. The city, state and zip should also be provided. This information can be available in HR/employment records
Suspect's Previous Home Address (Optional)	Enter the street number and name for the Suspect's previous address if known. A space is also provided to include the Apt or Unit number for the suspect's address. The city, state and zip should also be provided. This information may be available in HR/employment records but is not mandatory if unknown.