

New Mexico Children Youth & Families Department

Protective Services Division/Placement, Prevention & Adoption Resource Bureau/Criminal



Records Check Unit

CYFD Resource Family CRC Application

*Form shall be typed. Form will be rejected if information is missing. *

CYFD Field Offices must scan and e-mail the following to <u>CYFD.PSCriminalReco@cyfd.nm.gov</u>:

1. This CRC Application; and

2. Fingerpring Submission Receipt not registration receipt

^{••}Please scan all required documents together as one pdf document. E-mail subject line shall include applicant's Last Name ^(only) and FACTS Provider ID

#. Any questions shall be directed to the CRC Unit at (505) 827-8400 or by e-mail to: CYFD.PSCriminalReco@cyfd.nm.gov.**

Fingerprint Registration Information

Choose the following ORI when registering applicants:

*Registration ID#:

you will receive this ID# after you have completed Step #2 registering your applicant to be fingerprinted.

CYFD Field Office Contact Information				
*Application Type:	*Member Typ	9:	*FAC	TS Provider ID#:
*FACTS Case #:	Date Child(ren) Placed applicable if provisional:			
*Contact Person:	*E-mail:			
*County:	*Phone #: *Supervisor:			
*Mailing Address:	*City		y:	, NM *Zip:
Applicant Information				
*First Name	*Middle Name If none then put NMN		*Last Name	
*Aliases/AKA/Madien Name, Jr., Sr., nick name(s) etc. ^{If none then put N/A} *Place of Birth ^{City, State}				
*Social Security Number ^{9 digits}	*Date of Birth mm/dd/yy	y *Drivers Lic	cense Information	
		State	DL#	
*Physical Address Include apartment /unit # if applicable			*City	*Zip Code
*Citizenship	*Race *Heigh	it *Weight	*Phone #	, NM
*Eye Color drop down box	*Hair Color ^{drop}	down box	*Sex	Female
				Male

REMINDERS:

> If this is a Provisional Applicant, please use and submit this application, with the subject line: "Provisional."

> If this background check needs to be expediated, please have your supervisor e-mail as to reasons whay and when it is needed by.

> If you have questions or need the status of a background check, please e-mail: CYFD.PSCriminalReco@cyfd.nm.gov. We will

need the applicants Name, DOB, Provider # and date fingerprinted. The E-mail subject line shouuld be: "Status" or "Question."