



SSA Clearance Process

Background: Why are we doing this?

- The NYESS AEN was a pilot program under Ticket to Work
 - This initially allowed for only those directly touching SSA data to go through Suitability Clearance
- SSA has reviewed our process, and is now requesting:
 1. We initially get one person cleared from each “office”.
 2. We may eventually over time have to get all those working with SSA ticket beneficiaries cleared.

Timeline

APRIL 20th: Identify at least 1 staff (preferable all staff) working with SSA Ticket to Work

APRIL 27th: Staff begin paperwork, fingerprinting, and on-line process

- Step 1: e-QIP Applicant Listing Form
- Step 2: Fair Credit Authorization & Declaration for Federal Employment
- Step 3: Fingerprints
- Step 4: Complete on-line e-QIP application.

Step One -

Complete the following **“e-QIP Applicant Listing”**

Email the document to:

Sabrina.Devine@omh.ny.gov &

Jessica.Elliott@omh.ny.gov

The following information is required to initiate the applicant into the Electronic Questionnaire for Investigations Processing (e-QIP) system. After the applicant is initiated, the Company Point of Contact (CPOC) will receive an e-mail which includes a link to the eQIP website and instructions for completing the background investigation.

Date

Referenced below are applicants for:

Contract Number

Company Name: New York State Office of Mental Health

Contractor Point of Contact Information:

Name Jessica Elliott

Email jessica.elliott@omh.ny.gov

Phone 518-473-2631

	Last Name	First Name	Middle Name	SSN	Date of Birth (mm/dd/yyyy)	Place of Birth (City/State/Country)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Step Two -

- Complete the following **two** PDF documents
 - **Fair Credit Authorization**
 - **Declaration for Federal Employment**
- Print, sign, and mail the documents to:

Jessica Elliott
Office of Mental Health
44 Holland Ave – 8th FL
Albany, NY 12229

FAIR CREDIT AUTHORIZATION FORM

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

◆ [Redacted]

2. **SOCIAL SECURITY NUMBER**

◆ [Redacted]

- 3a. **PLACE OF BIRTH** (Include city and state or country)

◆ [Redacted]

- 3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship)

◆ [Redacted]

4. **DATE OF BIRTH** (MM / DD / YYYY)

◆ [Redacted]

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

◆ [Redacted]
◆ [Redacted]

6. **PHONE NUMBERS** (Include area codes)

Day ◆ [Redacted]

Night ◆ [Redacted]

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)
- 7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)
- 7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Step Three -

Have your fingerprints taken (Purchasing a mobile lab):
Printing Dates: TBD

You will need to have:

- Two print cards
- Sign both cards

- We will collect these at that time/date:

Step Four -

Shortly after submitting the **Equip Applicant Listing** you will receive an email containing an electronic application

You will need to have information regarding Employment History, References, and Educational Background.

You have **14 days** to complete the application

Print, sign, and mail the document to:

Jessica Elliott
Office of Mental Health
44 Holland Ave – 8th FL
Albany, NY 12229

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

OPM
 USE
 ONLY

Codes

Case Number

Agency Use Only (Complete items A through K using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Nature of Action Code	D Date of Action	Month	Day	Year
E Geographic Location	F Position Title		G SON	H SOI		
I OPAC-ALC Number	J Accounting Data and/or Agency Case Number					
K Requesting Official	Name and Title	Signature	Telephone Number	Date		

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	2 DATE OF BIRTH - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year
3 PLACE OF BIRTH - Use the two letter code for the State.				4 SOCIAL SECURITY		
City	County	State	Country (if not in the United States)			
5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.						
#1 Name	Month/Year	Month/Year	#3 Name	Month/Year	Month/Year	
	To			To		
#2 Name	Month/Year	Month/Year	#4 Name	Month/Year	Month/Year	
	To			To		

-
- Once all of the paperwork has been submitted, your application will be submitted to SSA.
 - Typically you are notified within a month if you have been cleared
 - If SSA needs more information, you will be contacted