

Student Assistance Services CPS Form

DOCUMENTATION of CALLS to NYS CENTRAL REGISTER

Name of School _____ Counselor's Name _____

Date of call _____ Time of call _____ Name of Student _____

Name of person(s) at State Central Register (SCR) you spoke to _____

Call ID number (for proof that you made the call) _____

Did SCR take the report? Yes _____ No _____

If no, what was the reason for not taking the report?

Did you ask that the source of the report remain confidential? Yes _____ No _____

Did you agree with the SCR decision? Yes _____ No _____

If no, did you speak with a SCR Supervisor? Yes _____ No _____

What was the Supervisor's name? _____

What was the Supervisor's reason for not accepting the report?

If the report was accepted by the SCR, download form [LDSS-2221A](#) from the internet. Complete the form (be sure to include the caller ID # in the top right-hand corner). Mail or fax the form to the local CPS office listed below. Attached a copy of the LDSS2221A to this form and submit with your monthly paperwork.

Name: Gina Ali/Intake
Phone: (914) 995-6028

Local Office: Westchester County CPS
10 County Center Road
White Plains, NY 10607
Fax: (914) 995-9382 or 5332

Counselor's Signature _____

School name _____

Supervisor's Signature _____

Date: _____