

**Student Assistance Services CPS Form**

**DOCUMENTATION of CALLS to NYS CENTRAL REGISTER**

1-800-342-3720

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. Call Gina Ali/Intake to alert that a call was made to the SCR. Attach 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: \_\_\_\_\_