

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REQUEST FOR FORMS AND PUBLICATIONS

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<p>OCFS Resource Distribution Center 11 Fourth Ave Rensselaer, NY 12144-2629</p> <p>OR</p> <p>Forms Hotline 518- 473-0971</p>	<p>Deliver to: (Address, please include floor #, section, room #, and person)</p>
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PLEASE FILL IN ALL INFORMATION REQUESTED. INCLUDE A PHONE NUMBER IN CASE ADDITIONAL INFORMATION IS NEEDED.

Who is Requesting Form/Publication? (Office, Agency, Facility, Private, etc.)	Division/Bureau:
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Person Requesting the Form/Publication: (Please Print)	Phone number: - -	Today's Date:
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Can you access the <u>Internet Site</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you access the <u>Intranet Site</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Needed:	Form or Publication Number - (if more than one form is needed, list below)
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FORM OR PUBLICATION NUMBER	TITLE OF FORM OR PUBLICATION	QUANTITY REQUESTED	QUANTITY SHIPPED	APPROXIMATE DATE REMAINDER OF ORDER MAY BE FILLED	BACKORDERED AT THIS TIME
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ADDITIONAL REMARKS, INFORMATION: