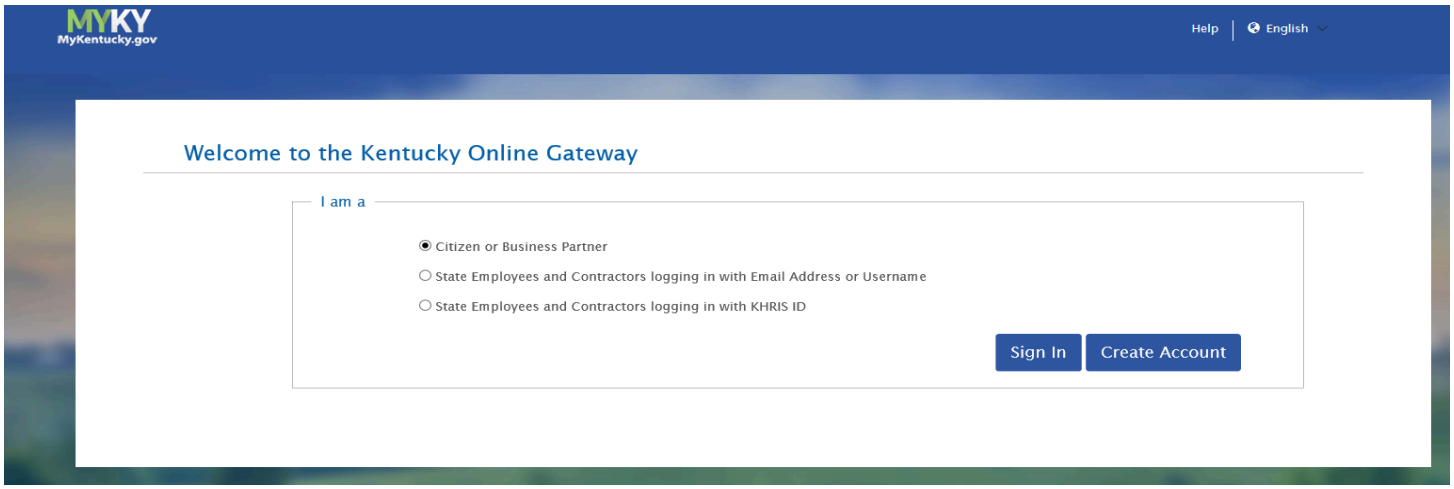
CAN Check Request User Guide

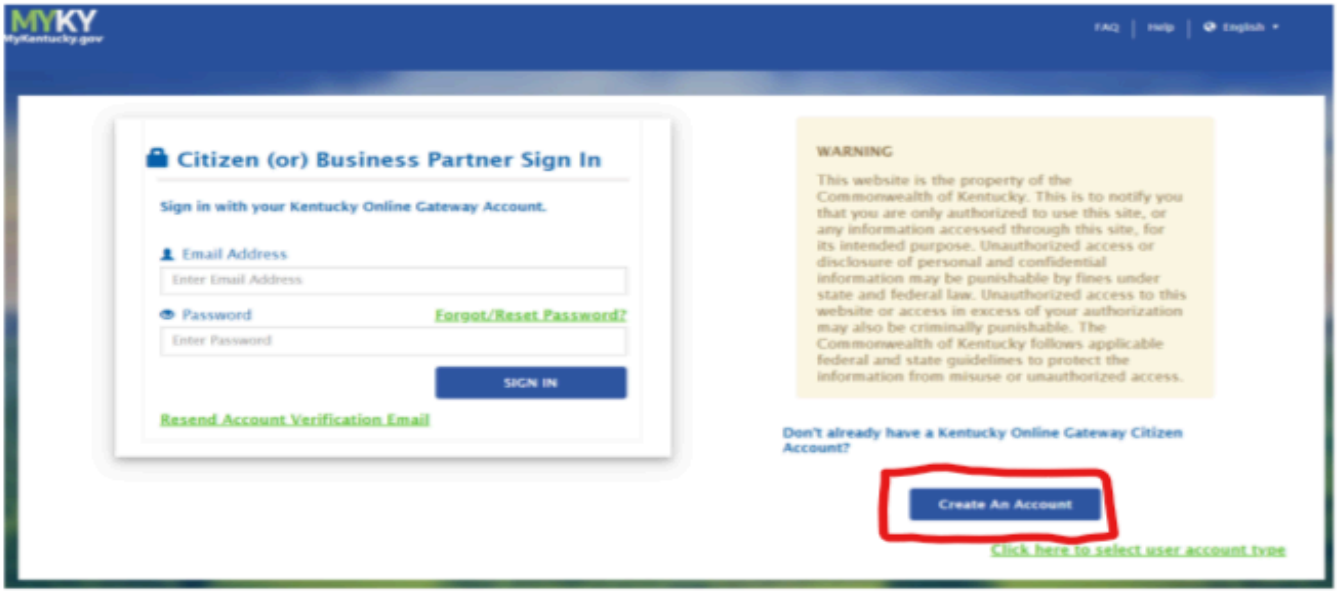
PLEASE MAKE SURE YOU ARE USING A WINDOWS PC OR A MAC, THESE INSTRUCTIONS ARE NOT COMPATIBLE WITH AN IPAD OR TABLET DEVICE

Open your browser and enter the following URL https://ssointernal.chfs.ky.gov. This can also be used to view your results.

Select **Citizen or Business Partner** and Select **Sign In.** If you do not have an account you will need to create one.



If you are creating an account for the first time please select **Create An Account.** You will be directed to enter your personal information and validate your account via email.



Please complete your Kentucky Online Gateway Profile

If you already have an existing Kentucky Online Gateway (KOG) Account, please click here to reset your password **OR** click on the **CANCEL** button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.

All fields with * are required.

* First Name | Middle Name | * Last Name

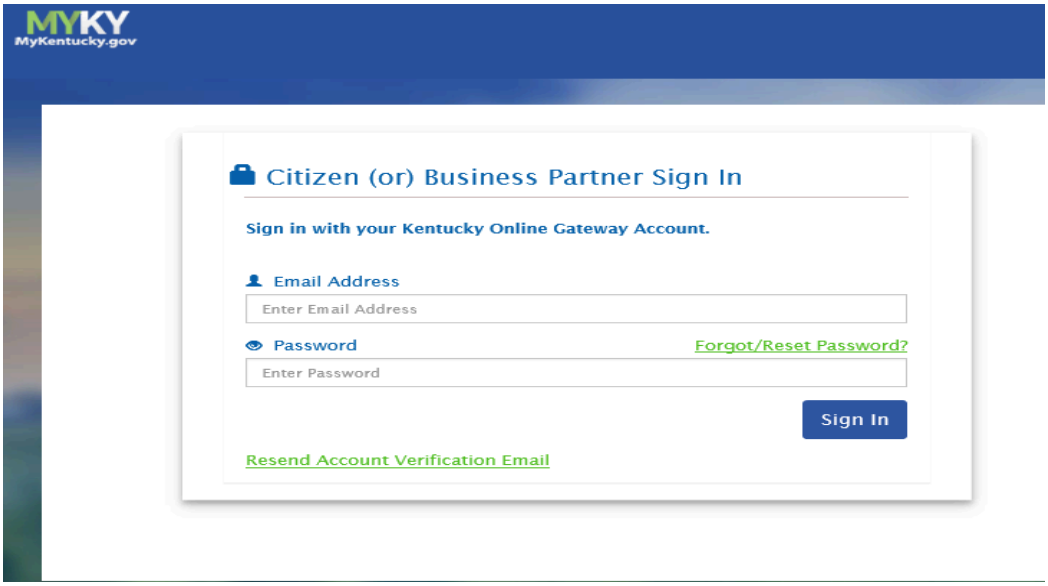
* E-Mail Address | * Verify E-Mail Address

* Password | * Verify Password

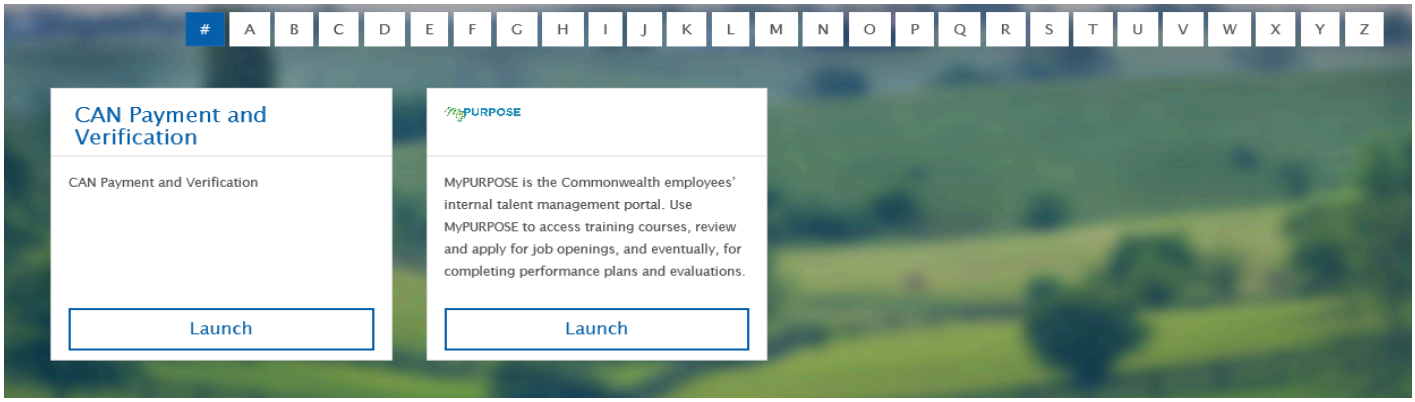
Mobile Phone | Language Preference (English)

Sections of the selected form annotated with a red * are mandatory fields

If you already have an account you may sign in.



Select the letter **"C"** from the alphabet list and select **CAN Payment and Verification (Child Abuse and Neglect)** from the application list and click **Launch.**

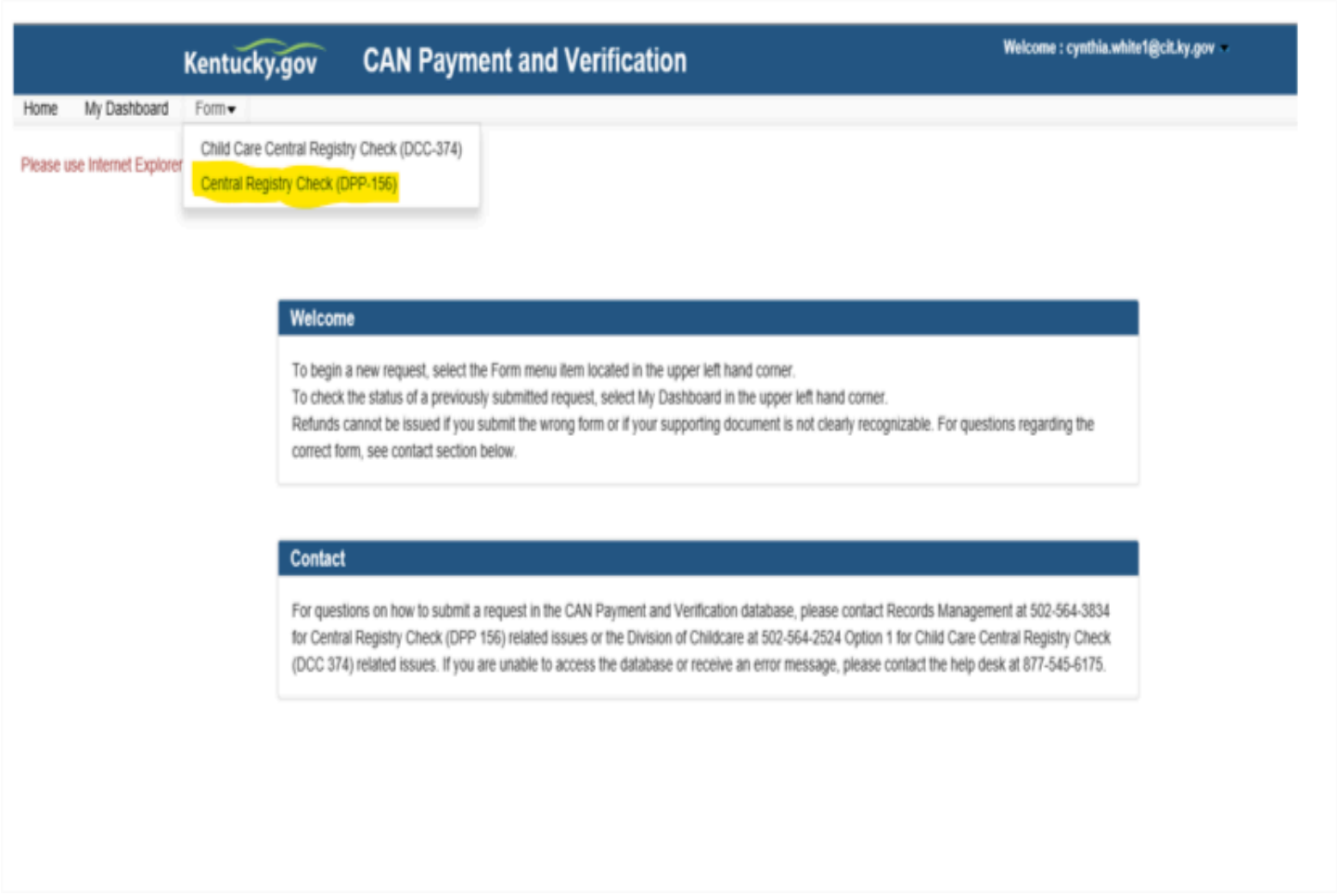


The CAN Check Home screen will be displayed. Please note that this application currently only supports the following browsers: Internet Explorer (Not Edge), Chrome, or Mozilla. Mobile phone support is not currently available.

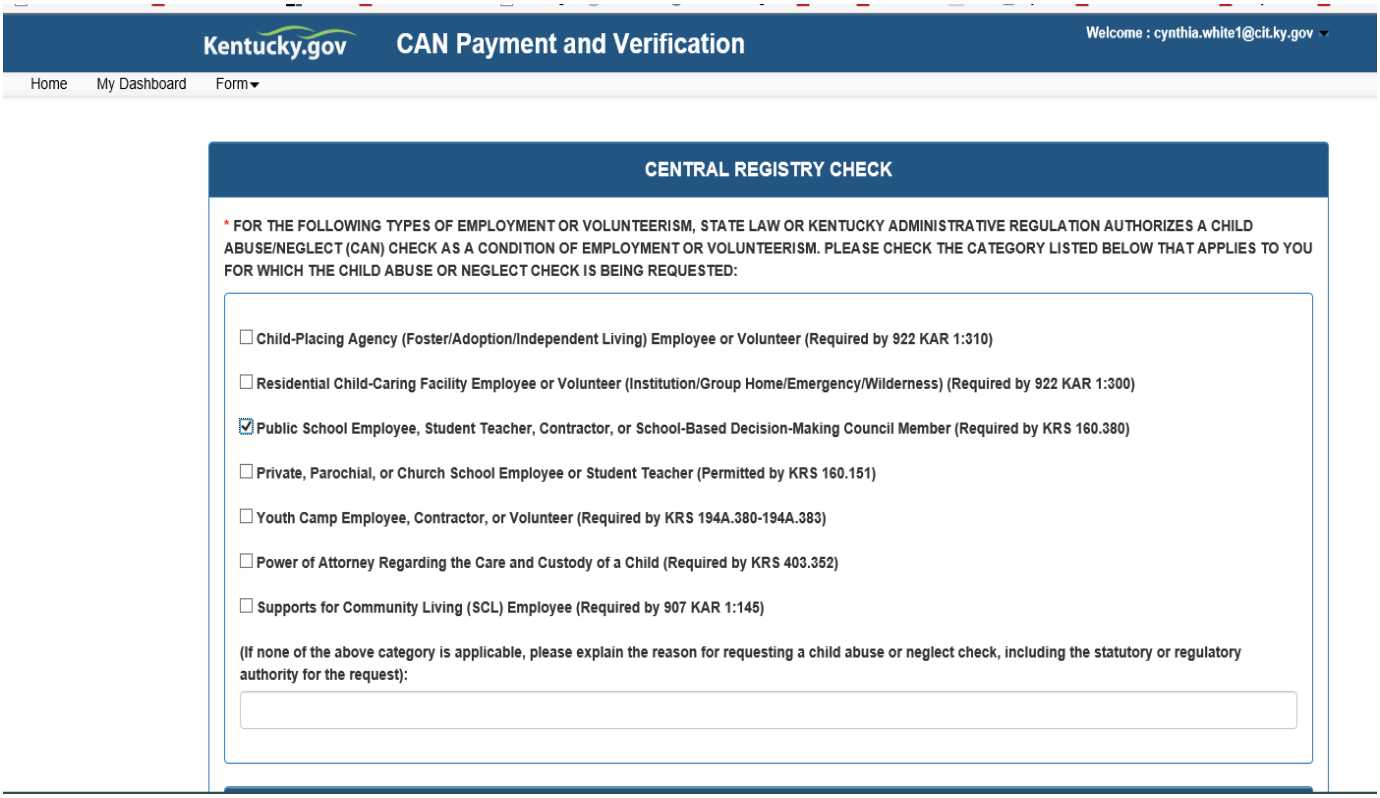
NOTE: If you do not have a social security number or taxpayer identification number you will need to submit a paper application. Please contact our office for instructions on how to complete a paper copy at 502-564-3834.

Select the desired request type from the Form dropdown DPP-156 for Central Registry Checks.

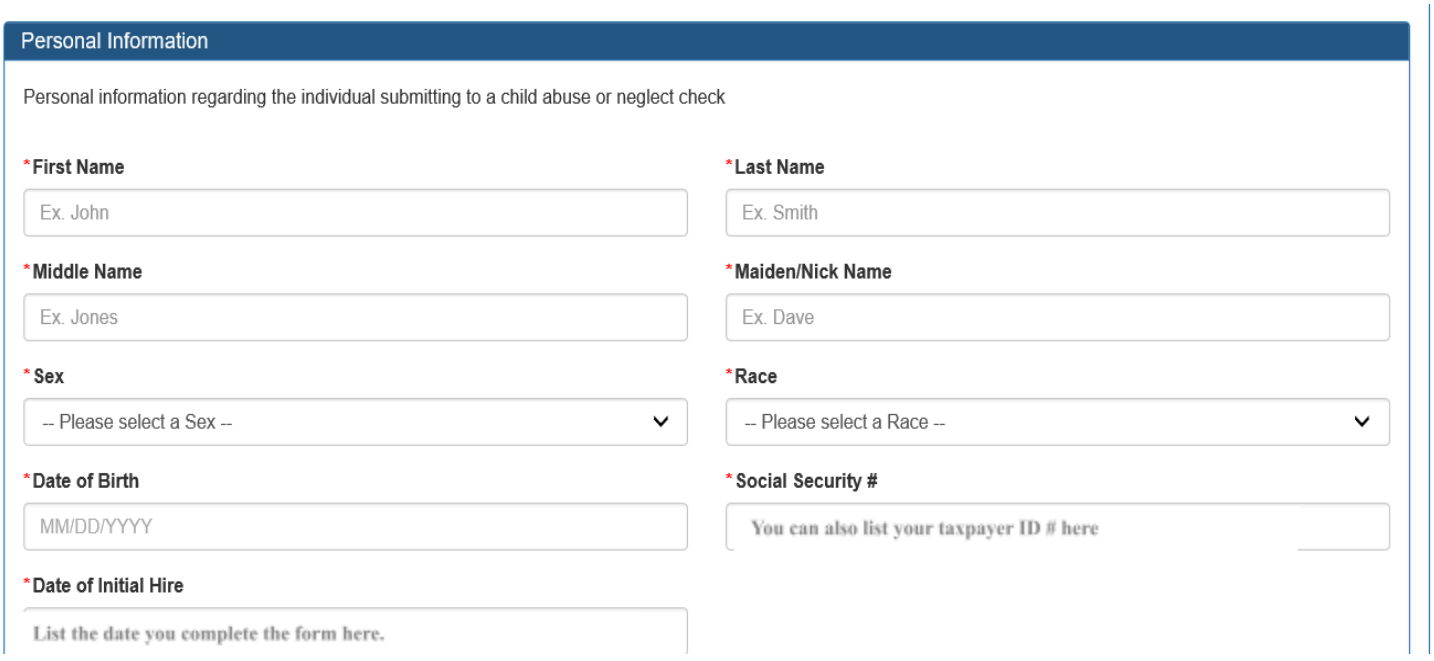
Please use DPP-156 Central Registry Check only.



Select **Public School Employee, Student Teacher, Contractor, or SBDM**



Enter your personal information for the CAN check. All of the fields are required. If either **Middle Name** or **Maiden/Nickname/Other** is not applicable enter N/A.

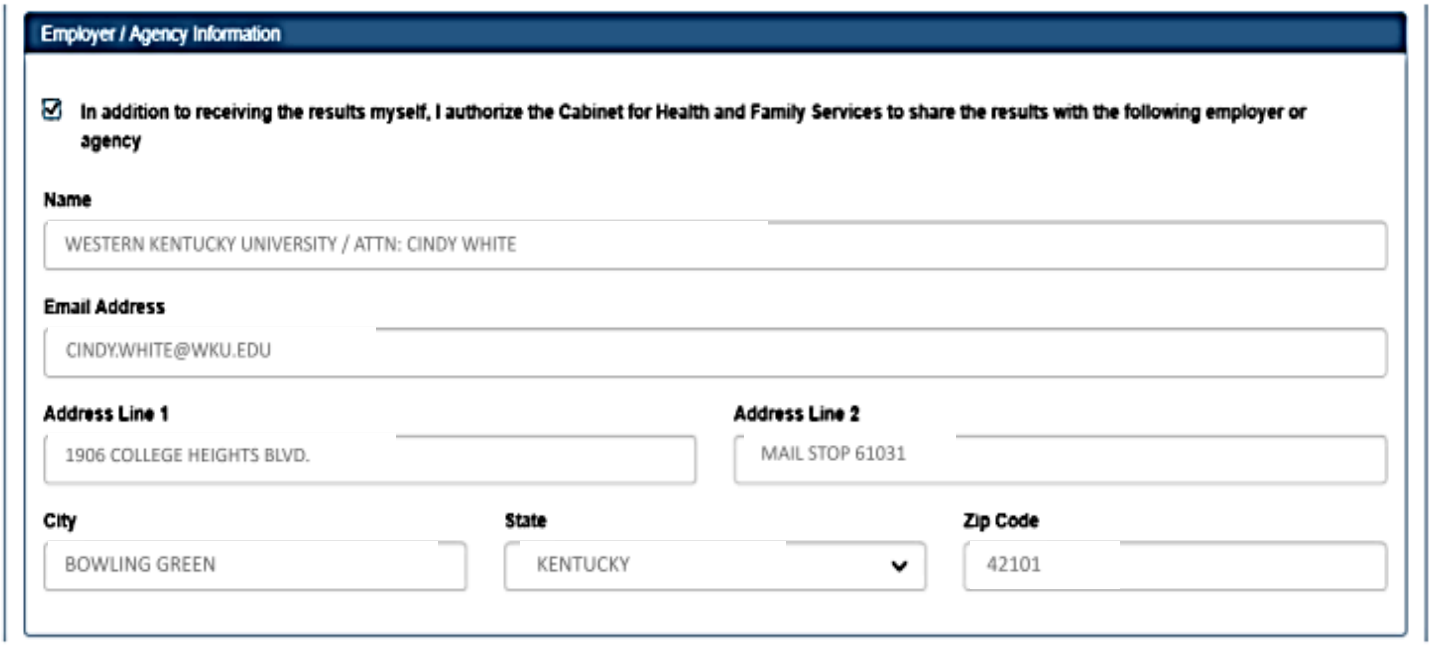


Use the date you complete the form as the date of initial hire.

IMPORTANT:

To authorize the Cabinet for Health and Family Services to share the results with Western Kentucky University click the checkbox below. The following will be displayed. You will then complete the required fields below. You will need to list sarah.fischer@wku.edu in the email address field. The email provided must exist in the system. If the email address is entered correctly and exists in the system a green message will appear, otherwise a red error message will appear indicating that either the email address is not in the system or was entered incorrectly.

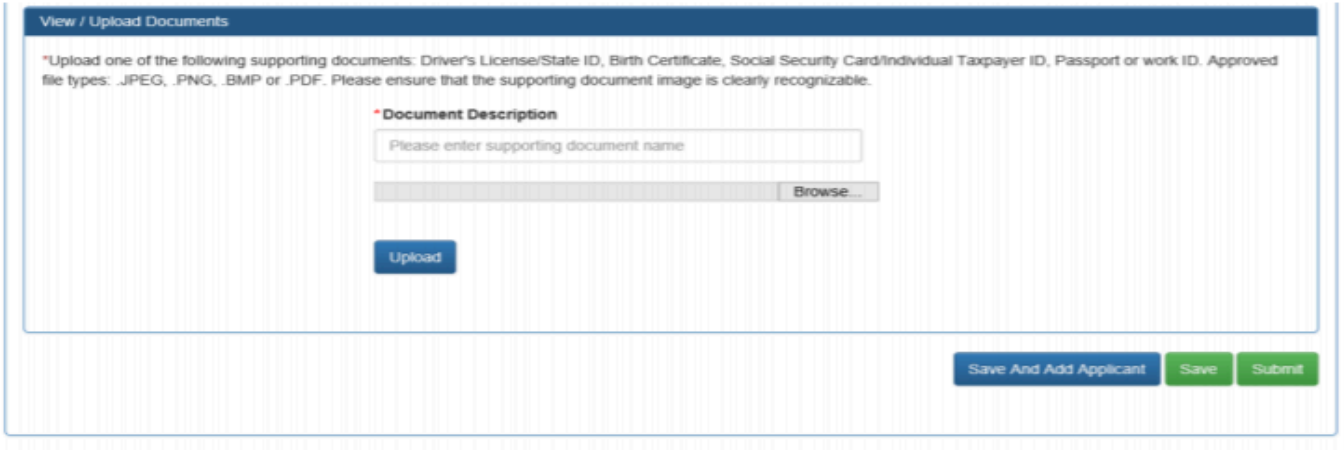
Please make sure to complete each field as indicated below: (If it will not allow you to enter the / symbol feel free to use whatever works in that section)



Next, you will need to upload a clearly recognizable copy of your identification (Driver's license/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, or Passport)**. The document file type should be one of the following: .JPEG, .PNG, .BMP, or .PDF.**

If you receive an error message when you upload your document make sure it is less than 2MB, then clear your browsing history from your browser (Chrome,etc.), then log out of the CAN check website and sign back in, this should resolve the issue.

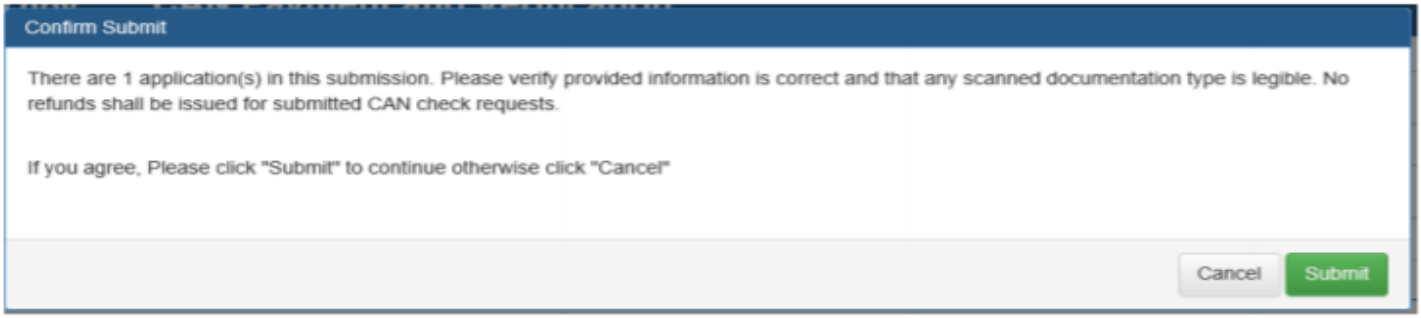
If you continue to have issues please contact the CAN Check Help Desk at 866-231-0003 (option 3). They are open Mon-Fri 7:30 am-5:00 pm EST. You can also email them at TWISTHelpDesk@ky.gov, be sure to include a screenshot of your problem for faster service.



Select **Submit,** or if you prefer to save the current request to your dashboard prior to payment select **Save**. **A proof of ID** (Driver's license/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, or Passport) **photograph must be attached to each request.**

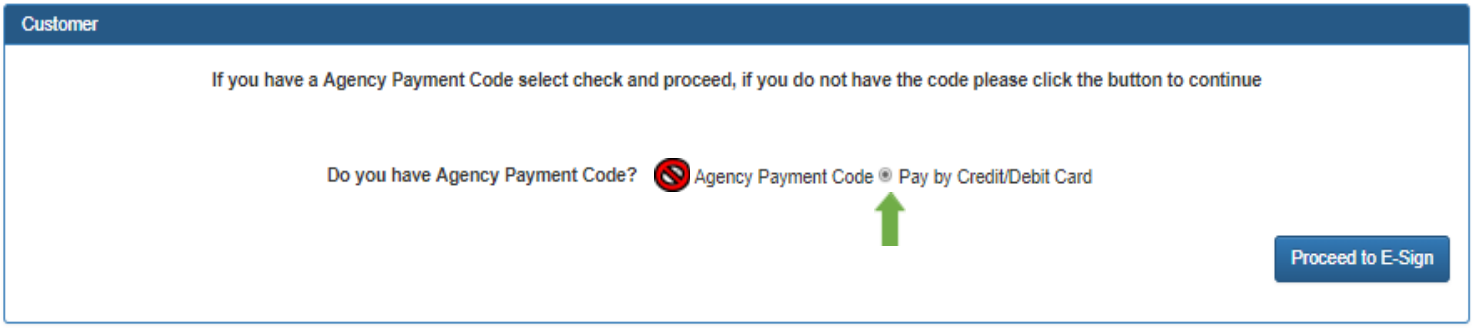
A document can be viewed or deleted after it is uploaded by selecting **View** or **Delete**. Up to 5 documents can be added for each individual.

A confirmation screen will prompt you to either cancel or continue to **Submit**.

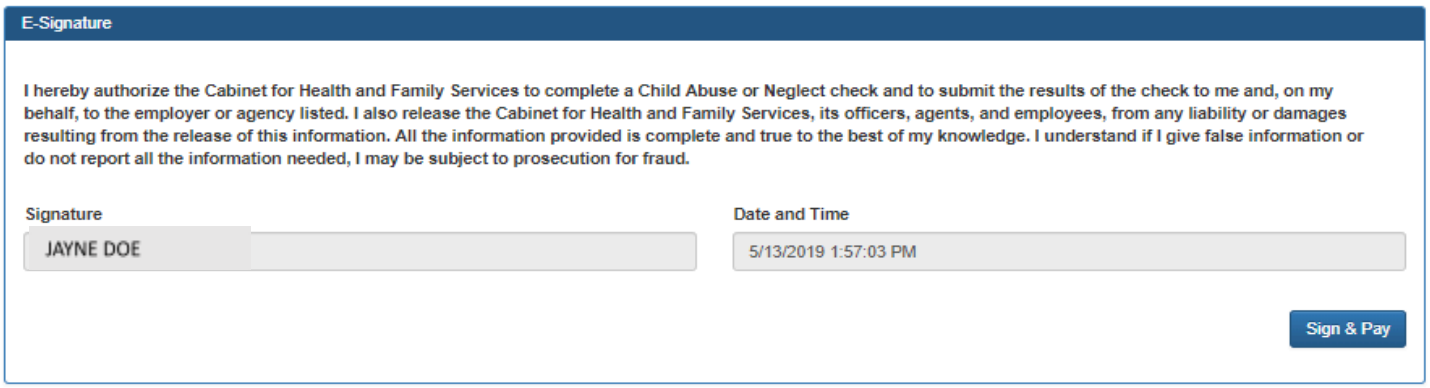


Upon Submission, you will be presented with the payment selection screen. Select **Proceed to E-Sign**.

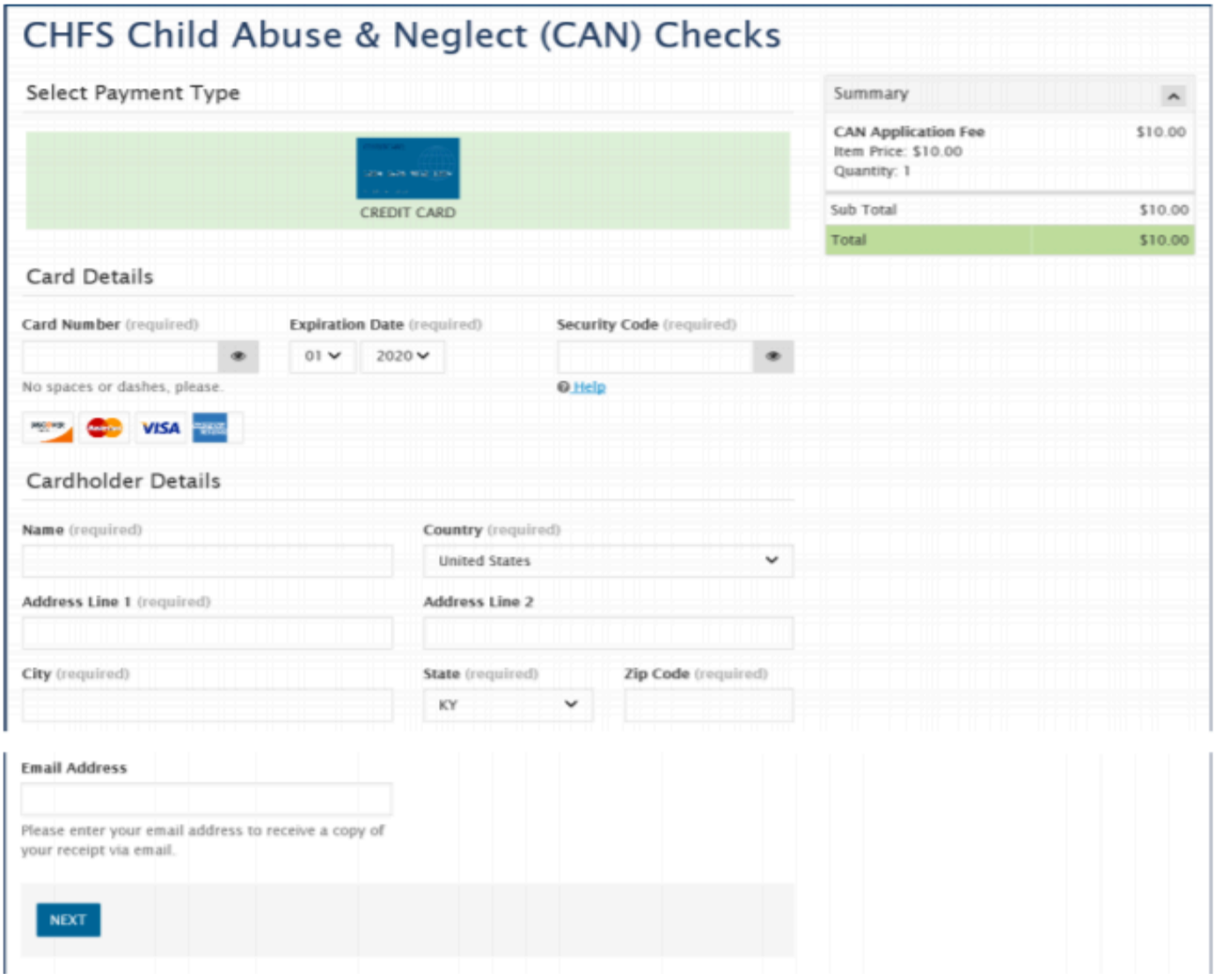
We do not provide an agency payment code. You will need to select **Pay by Credit/Debit Card** then **Proceed to E-Sign.** The cost is $10.



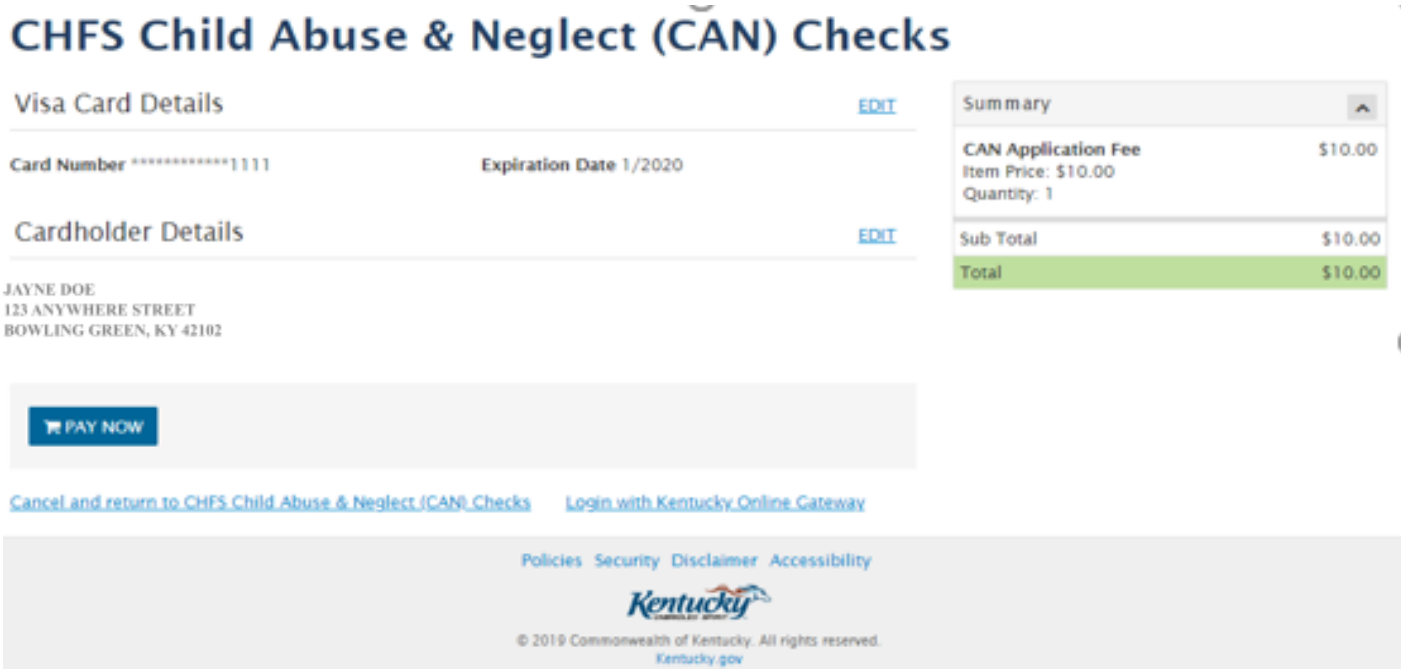
Confirm your electronic signature and select **Sign and Pay.**



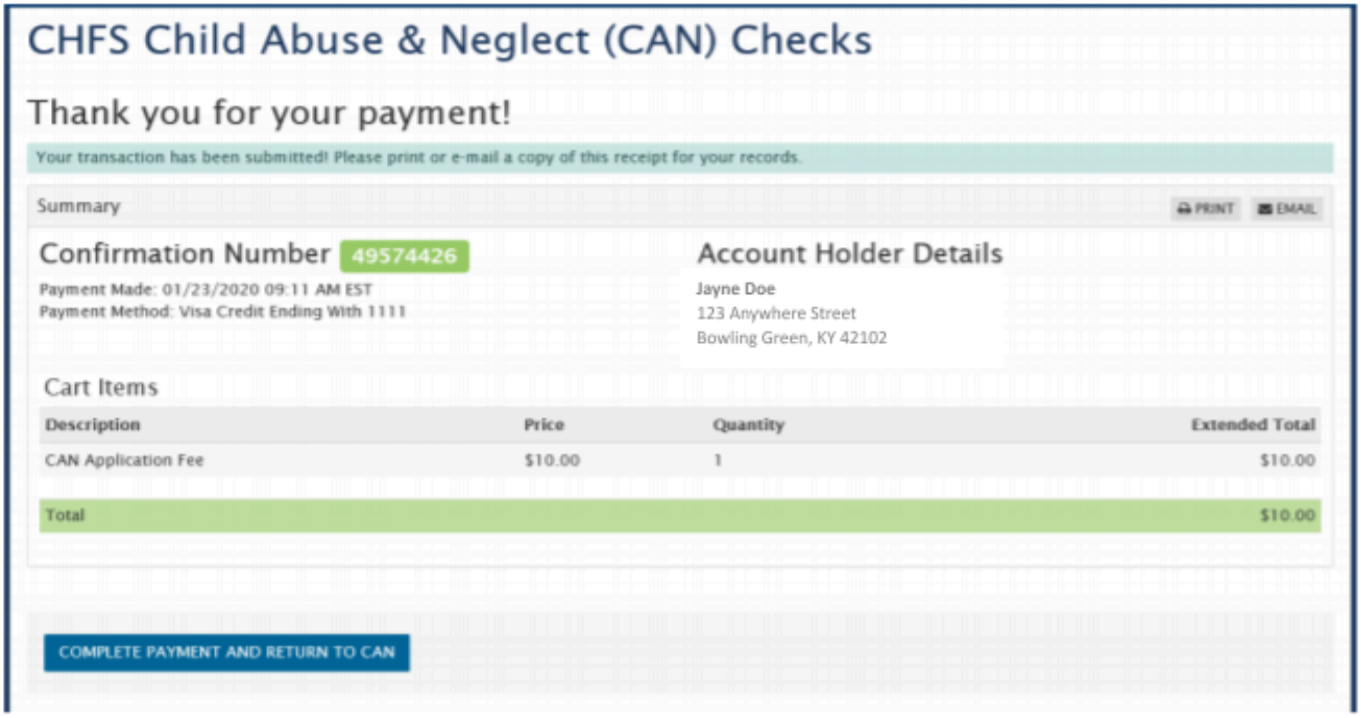
Enter your credit card/debit card information on the **Select Payment Type** screen **(there is a fee of $10 per CAN Check request submitted)**. All fields are required except **Address Line 2** and **Email Address.** Select **Next** to Continue to the payment overview page.



Select **Pay Now** if all details are correct to finalize payment.

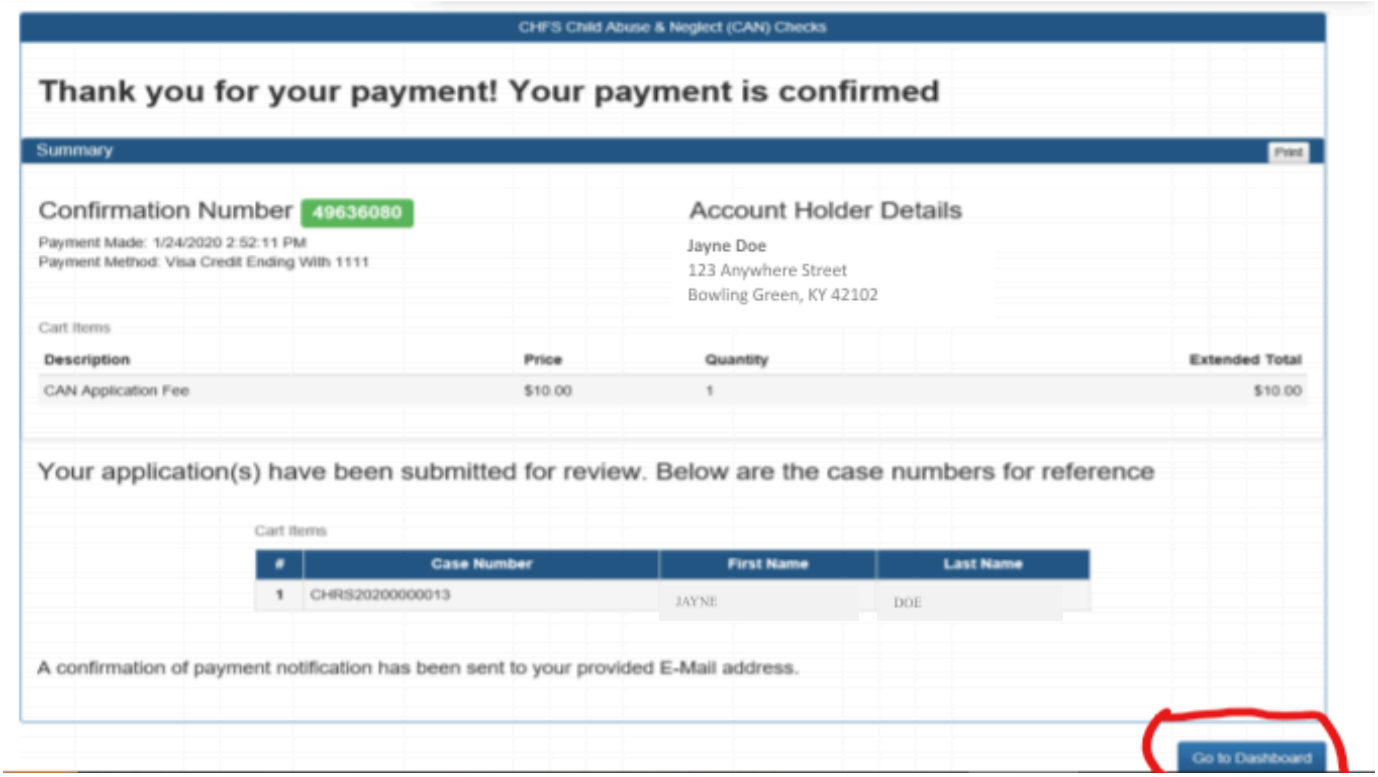


After successful payment a CAN Check request receipt is displayed with a confirmation number, which can be printed or emailed. To return to the dashboard press Complete Payment and Return to CAN.



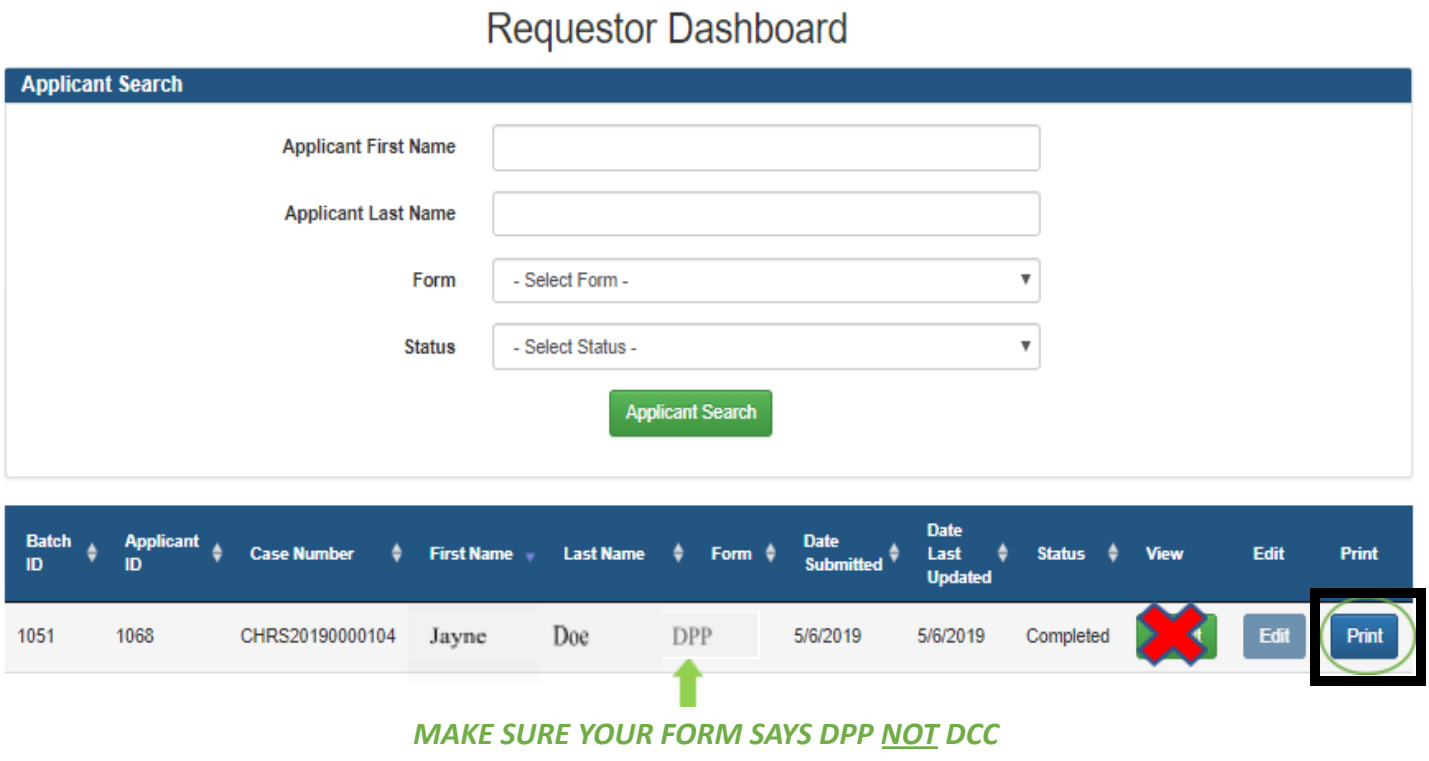
A confirmation screen will appear and an email will be sent to the address on file. To return to the dashboard press **Go to Dashboard.** The status of your request will update to **Submitted.** Please allow up to 30 days for processing. **When your results have been completed, you will receive a confirmation email at the address on file and can return to the dashboard to view/print/download your results.**

Instructions on how to download your CAN report are included at the end of this document.



ACCESSING YOUR CAN CHECK RESULTS ONLINE: Log in to your account and go to **My Dashboard,** which displays In Process, Completed and Canceled CAN Check requests under the status section. Check the status section to see if your results are complete. You can view a copy of your results anytime using the information below. You may also download a copy for your records, or to send to us in case you forgot to add an email recipient during your initial CAN check request.

Select Print to view and download your results.

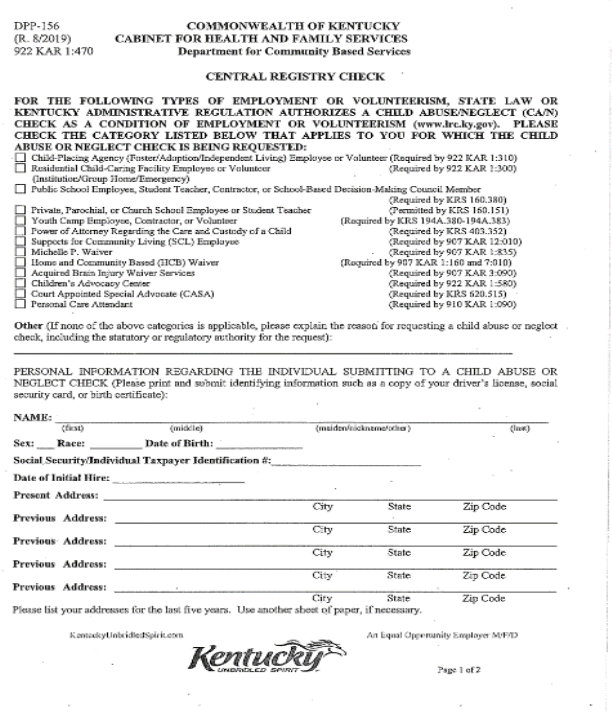


MAKE SURE YOUR FORM SAYS DPP NOT DCC

If you accidentally submitted a DCC check, please contact the Records Management Department at 502-564-3834. They can transfer the DCC over to a DPP check for you.

To download your CAN check results, please click on the print button. This will pull up the correct form we need. An example of the form is listed below for your convenience. Please note that your copy should have three pages.

Please make sure that a result has been marked on page three in the boxes listed before sending the document to our office. Occasionally records management fails to mark a result. This is a required component that must be completed. If the box is not checked you will need to contact records management to let them know a result was not indicated on your CAN check.



DPP-156
(R. 8/2019)
922 KAR 1:470

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300) (Institution/Group Home/Emergency)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- ☐ Michelle P. Waiver (Required by 907 KAR 1:835)
- ☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- ☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- ☐ Children's Advocacy Center (Required by 922 KAR 1:580)
- ☐ Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- ☐ Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

_____

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ___ **Race:** _____ **Date of Birth:** _____

Social Security/Individual Taxpayer Identification #:_____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

KentuckyUnbridledSpirit.com An Equal Opportunity Employer M/F/D

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CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars ($10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

_____
Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

E-MAIL ADDRESS: _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK **[FOR OFFICIAL USE ONLY]**

- ☐ No reportable incident found in accordance with 922 KAR 1:470
- ☐ Substantiated child abuse found on the registry Date of substantiated finding: _____
- ☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

- ☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ **BY** _____

DPP-156
(R. 8/2019)
922 KAR 1:470

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