

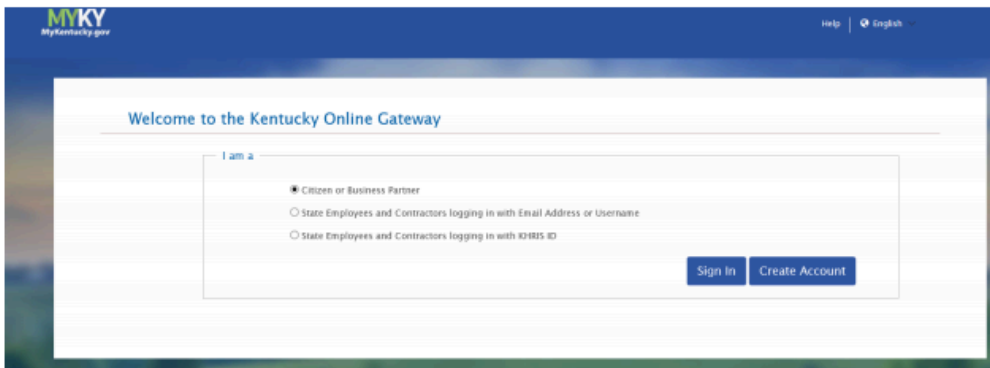
CA/N (Child Abuse & Neglect) Check Request Instructions

If you have never created an account with the Kentucky Online Gateway, start with step 1 (below). If you have an account with Kentucky Online Gateway, skip to Step 7.

Step 1:



Open your browser and enter the following URL <https://ssointernal.chfs.ky.gov>.



Select **Citizen or Business Partner**. Click on **Create Account** button.

Step 2:

Please complete your Kentucky Online Gateway Profile

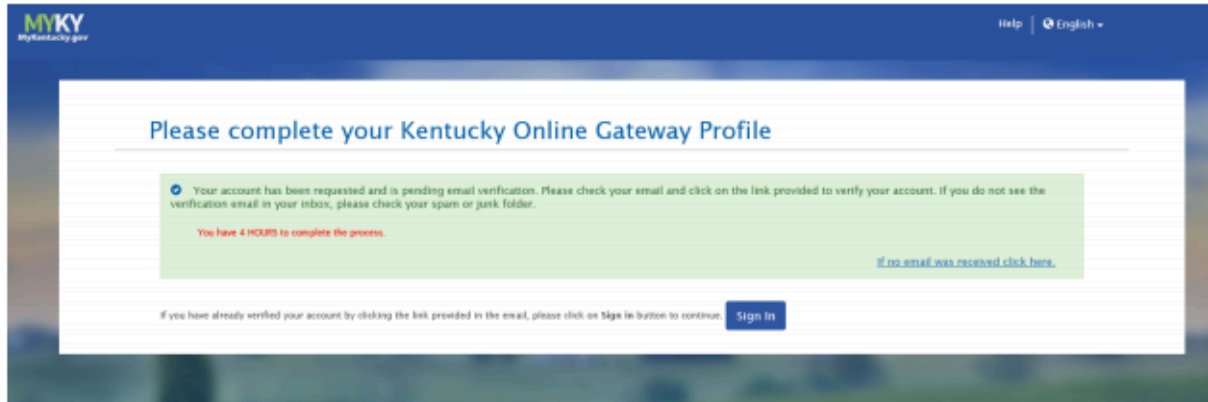
i If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the Cancel button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.
All fields with * are required.

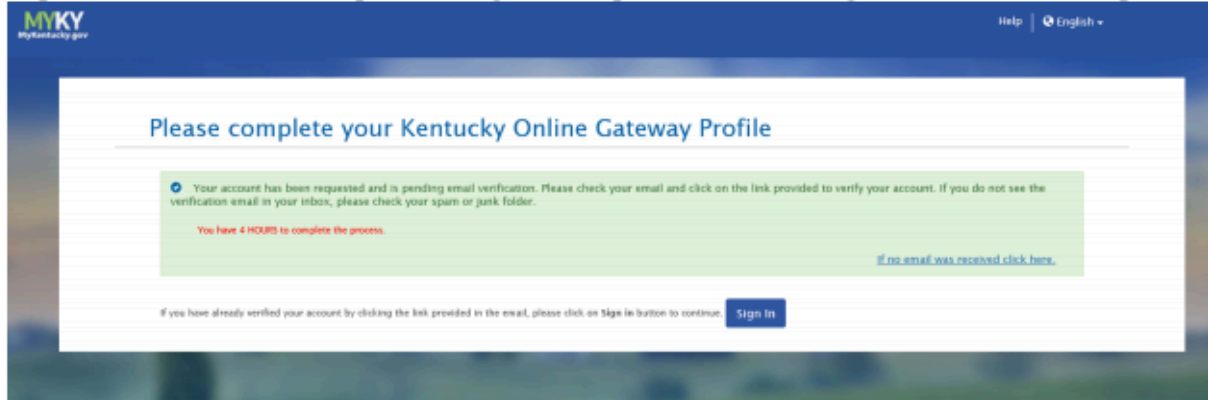
* First Name	Middle Name	* Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* E-Mail Address		* Verify E-Mail Address	
<input type="text"/>		<input type="text"/>	
* Password		* Verify Password	
<input type="text"/>		<input type="text"/>	
Mobile Phone		Language Preference	
<input type="text"/>		English <input type="text"/>	
Street Address 1		Street Address 2	
<input type="text"/>		<input type="text"/>	
City		State	Zip Code
<input type="text"/>		Kentucky <input type="text"/>	<input type="text"/>
Question		* Answer	
In what city were you born? (Enter full name of city only)	<input type="text"/>	<input type="text"/>	
Question		* Answer	
What was the name of your first pet?	<input type="text"/>	<input type="text"/>	

Enter the required information on the displayed screen and click the **Sign Up** button to complete your KOG Profile. **NOTE: The provided E-Mail address will be used for the account username.**

Step 3:



A success message is displayed if required information was submitted. An E-Mail from KOG_DoNotReply@ky.gov is automatically sent to the E-Mail address provided. **NOTE: The requestor has 4 hours to complete the registration process or a new registration must be completed.**

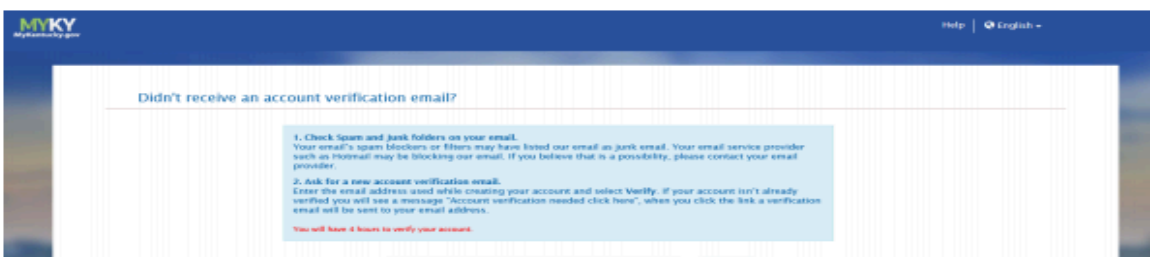


Access your E-Mail account and click on the activation link in the **Account Verification E-Mail** to complete validation of the requested KOG profile.



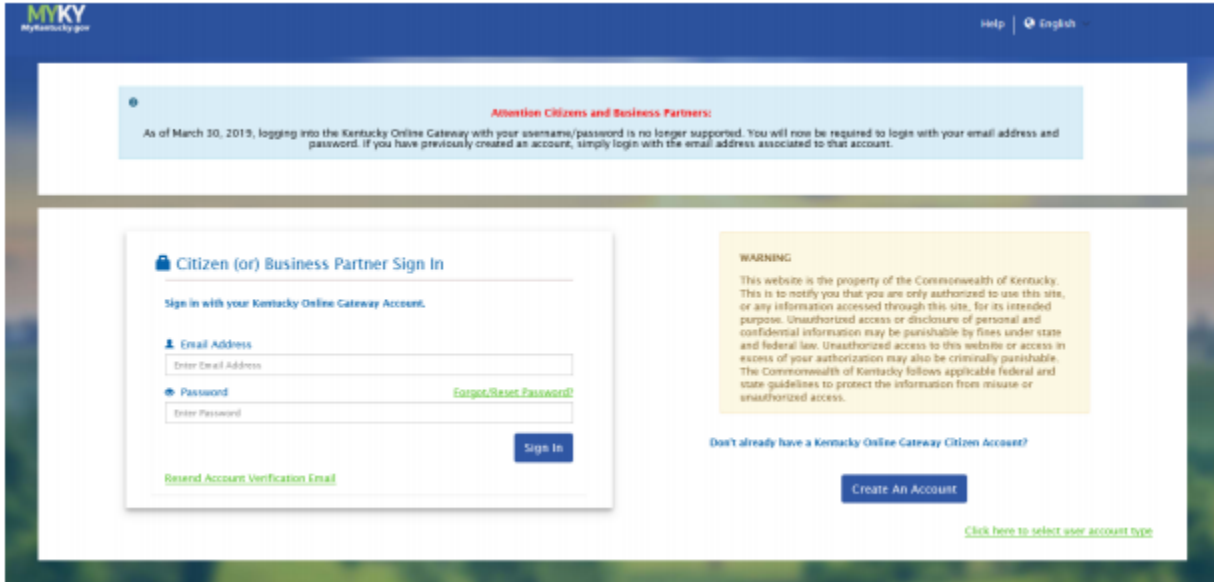
Step 4:

If an E-Mail is **not** received within 30 minutes, click on the **No E-Mail received** link. Enter the previously provided E-Mail address and click **Verify** to resend E-Mail.

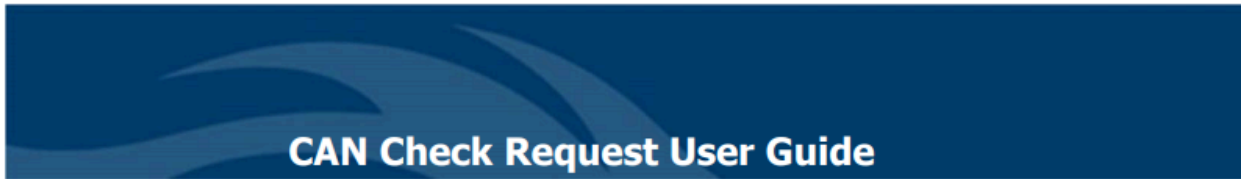


Step 5:

You will be redirected to the **KOG External Gateway Log In** screen. Enter your username and password and click **Sign In**.

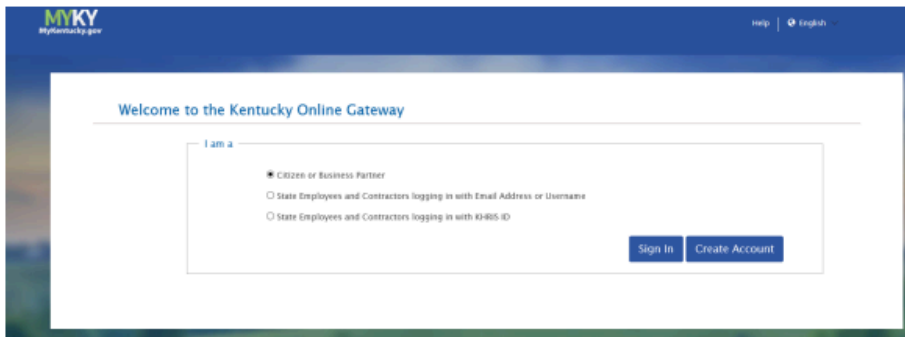


Step 6:



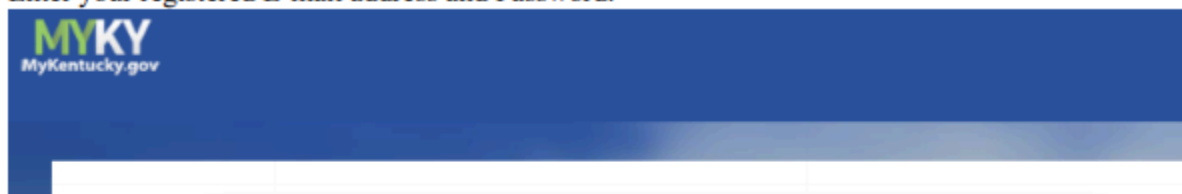
Open your browser and enter the following URL <https://ssointernal.chfs.ky.gov>.

Select **Citizen or Business Partner** and Select **Sign In**



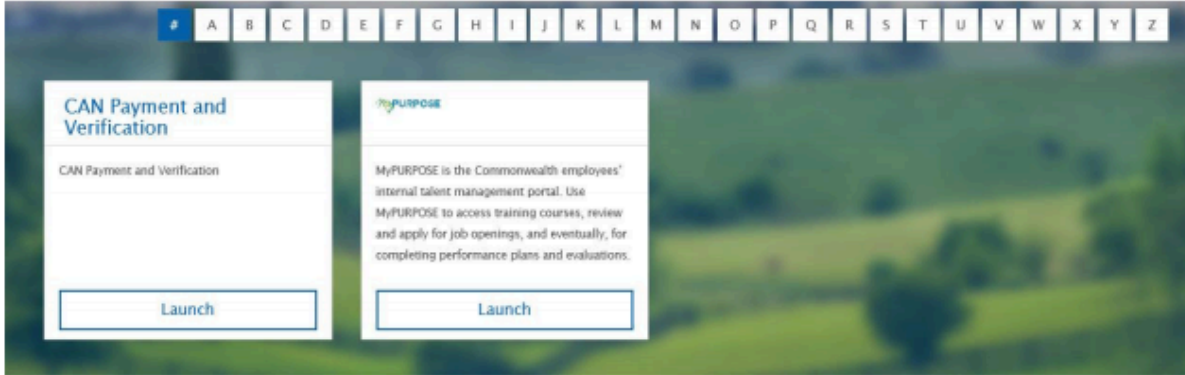
Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.



Step 7:

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**.

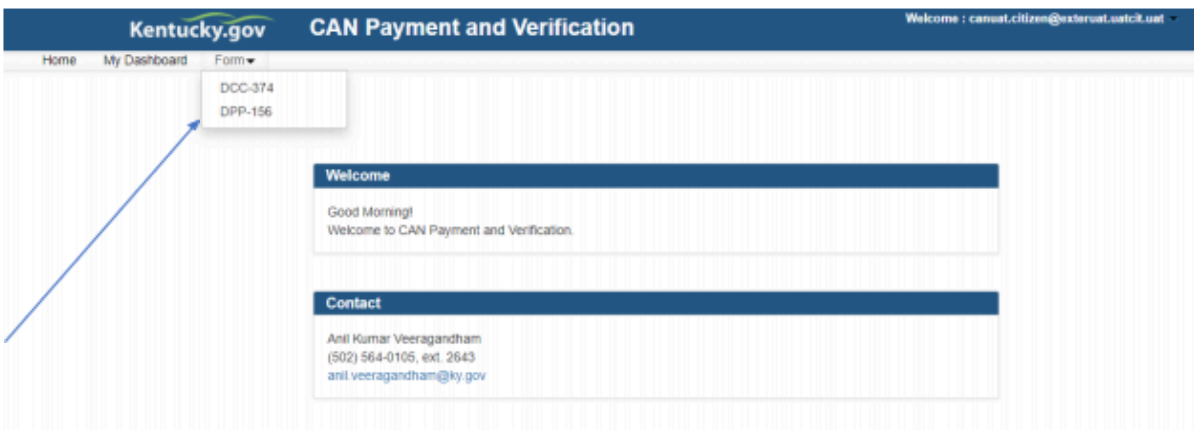


The CAN Check Home screen will be displayed.



Step 8:

Click on the **Form** dropdown and select **DPP-156 (Central Registry Checks)**



Step 9:

Click the checkbox next to “**Youth Camp Employee, Contractor or Volunteer.**”

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. 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 (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)
- 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 1:145)
- Michelle P. Waiver (Required by 907 KAR 12:010)
- 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)

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

Step 10:

Enter your personal information in the boxes. Every field with a red * (asterisk) must be completed. If you do not have a middle name, type N/A. Input today's date in the "Date of Initial Hire" field.

Personal Information

Personal information regarding the individual submitting to a child abuse or neglect check

*First Name	*Last Name
<input type="text" value="Ex. John"/>	<input type="text" value="Ex. Smith"/>
*Middle Name	*Maiden/Nick Name/Other
<input type="text" value="Ex. Jones"/>	<input type="text" value="Ex. Dave"/>
*Sex	*Race
<input type="text" value="-- Please select a Sex --"/>	<input type="text" value="-- Please select a Race --"/>
*Date of Birth	*Social Security/Individual Taxpayer Identification #
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="xxx-xx-xxxx"/>
*Date of Initial Hire	
<input type="text" value="MM/DD/YYYY"/>	

Current Address

*Address Line 1 Address Line 2

Ex. 123 Main St Ex. Apt 10 Or Suite 200

*City *State *Zip Code

Ex. Frankfort -- Please select a State -- Ex. 12345

*Living at the current address longer than 5 Years? Yes No

Step 11:

Click the checkbox to authorize the CHFS to send your results to the E.B. FRYSC.

Employer / Agency Information

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. Results will not be mailed

Once you click the checkbox, enter the FRYSC contact information into the fields:

Name: East Bernstadt FRYSC

Email Address: mallory.singleton@ebernstadt.kyschools.us

Address: 229 School St. East Bernstadt, Kentucky 40729

If you do not complete this step you are required to download your results and send them to the FRYSC. The FRYSC cannot access your results if you do not complete this step.

Entity Requesting Information

Please enter the information of your employer, agency, school, church, organization, etc. that requires this check to be completed as a condition of your employment or volunteerism.

*Name

East Bernstadt FRYSC

*Address Line 1 Address Line 2

229 School Street Ex. Apt 10 Or Suite 200

*City *State *Zip Code

East Bernstadt Kentucky 40729

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. Results will not be mailed

*Email Address

mallory.singleton@ebernstadt.kyschools.us

Step 12:

Upload a photo proof of ID (driver's license, birth certificate, social security card, passport or work ID) in a .JPEG, .PNG, .BMP, or .PDF format.

- 12a: Click “**Choose File**” and select the photo you want to use from your computer
- 12b: Type the name the document in the field titled “***Document Description**”
- 12c: Click the “**Upload**” button
- 12d: After uploading your photo proof of ID, click “**Submit.**”

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID.
*Approved file types: .JPEG, .PNG, .BMP or .PDF.
*Please ensure that the supporting document image is clearly recognizable and file size is less than 2 MB.
*If you are under the age of 18, you **MUST** upload the [parental consent form](#).

***Document Description**

12b

12a No file chosen

12c

12d

Step 13:

Upon submission, you will be presented with the payment selection screen. Click the circle next to “**Pay by Credit/Debit Card,**” then click “**Proceed to E-Sign.**”

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue

Do you have Agency Payment Code? Agency Payment Code Pay by Credit/Debit Card

Step 14:

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

E-Signature

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. 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 the information needed, I may be subject to prosecution for fraud.

Signature: casual citizen

Date and Time: 5/13/2019 1:57:03 PM

Sign & 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). Select **Next** to Continue to Payment overview page.

Select Payment Type

CREDIT CARD





Card Details

Card Number (required):

Expiration Date (required): 01 / 2019

Security Code (required):

No spaces or dashes, please. [Help](#)

Cardholder Details

Name (required):

Country (required): United States

Address Line 1 (required):

Address Line 2:

City (required):

State (required): KY

Zip Code (required):

NEXT

Step 15:

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

CHFS Child Abuse & Neglect (CAN) Checks

Visa Card Details [EDIT](#)

Card Number *****1111 Expiration Date 1/2020

Cardholder Details [EDIT](#)

Jonathan Vandiver
Frankfort, KY 40601 United States

PAY NOW

[Cancel and return to CHFS Child Abuse & Neglect \(CAN\) Checks](#) [Login with Kentucky Online Gateway](#)

[Policies](#) [Security](#) [Disclaimer](#) [Accessibility](#)

Kentucky
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Kentucky.gov

Summary	
CAN Application Fee	\$10.00
Item Price: \$10.00	
Quantity: 1	
Sub Total	\$10.00
Total	\$10.00

After successful payment, a CAN Check request receipt is displayed providing the assigned Case Number for your request.

Payment Confirmation

Thank you for your payment! Your payment is confirmed

Payment Confirmation Details	
Confirmation #	41904152
Payment Type	CreditCard
Total Amount	10.00
Transaction Status	Paid

Your application(s) have been submitted for review. Below are the case numbers for reference

#	Case Number	First Name	Last Name
1	CHRS20190000106	[REDACTED]	[REDACTED]

A confirmation of payment notification has been sent to your provided E-Mail address.

[Go to Dashboard](#)

An E-Mail will be sent to the address on file providing the Case Number upon successful submission.

Step 16:

All done! To view the status of your CAN check, visit the Requestor Dashboard.

The **My Dashboard** section of the of the Requestor dashboard displays In Process, Completed and Cancelled CAN Check requests.

Select **View** to see CAN Check(s) in Submitted or In Process Status.

Select **Result** to see the final results of CAN Check(s) in Completed or Cancelled Status.

Select **Print** to print the CAN Check for your records.

Requestor Dashboard

Applicant Search

Applicant First Name

Applicant Last Name

Form - Select Form -

Status - Select Status -

[Applicant Search](#)

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	View	Edit	Print
1051	1068	CHRS20190000104	Tyrion	Lannister	DCC	5/6/2019	5/6/2019	Completed	Result	Edit	Print
1052	1069	CHRS20190000105	Jane	Dixon	DCC	5/6/2019	5/6/2019	Completed	Result	Edit	Print
1053	1070		Morpheus	Endless	DCC	5/13/2019	5/13/2019	Saved	View	Edit	Print
1054	1071	CHRS20190000106	Jonathan	Vandiver	DCC	5/13/2019	5/13/2019	Submitted	View	Edit	Print

Showing 21 to 24 of 24 entries

Previous 1 2 Next

An E-Mail will be sent to the address on file upon CAN Check request completion or cancellation stating that results are available for review.