

CAN CHECK REQUEST USER GUIDE

This guide will show you how to successfully submit a Central Registry Check for
Campbellsville University School of Nursing

WHAT YOU NEED TO BEGIN

- Make sure you are using Google Chrome as your browser on a desktop not a mobile device.
- CAN Checks can take up to 30 days for completion. Please ensure you are submitting in appropriate time frame to allow completion for clinical requirements.
- Please have at least one form of supporting identification documentation saved to your computer for uploading to application when prompted
 - Approved Documents:
 - Driver's License, State ID, Birth Certificate, Social Security Card, Passport **OR** Work ID
 - Document File Types (**only** the following file types are accepted):
 - .jpeg , .png , .bmp , .pdf
 - Please remember to proof your documents and make sure they meet the following criteria:
 - Document image is clear and can be clearly recognized and read
 - File size is 2mb or smaller
- If you are under age 18, a copy of the Parental Consent form must be uploaded along with the supporting document from the list above (This form is found on the Home Page under the Instructions Section)
- Please have credit/debit card information. A non-refundable payment will be required for completion.

STEP BY STEP INSTRUCTIONS

1. Open your browser and enter the following URL:

sso.kog.ky.gov

2. Sign in if you already have an account with Kentucky Online Gateway, if not select create account.
3. Launch the “CAN Payment and Verification” option

The screenshot shows the Kentucky Online Gateway (KOG) home page. The browser address bar displays the URL `kog.chfs.ky.gov/home/`. The page header features the KOG logo and a "Welcome K" message. A navigation bar includes "My Apps" and "All Apps" buttons. Below this is a search bar labeled "Search for Applications ...". A horizontal menu of letters (A-S) is visible, with the letter "C" highlighted in blue. A red circle highlights the "CAN Payment and Verification" application card, which is also highlighted in yellow. The card text describes the application for electronic submission, payment, and validation of Child Care Central Registry Check (DCC-374) and Central Registry Check (DPP-156) forms. A red circle highlights the "Launch" button at the bottom of this card. To the right, a "Partner Portal" card is visible with its own "Launch" button.

4. Once the CAN browser opens, use the “form” drop down menu and select the option “Central Registry Check (DDP-156)”

prd.webapps.chfs.ky.gov/can/

Kentucky.gov CAN Payment and Verification

Home My Dashboard Employer Dashboard Form CAN User Guide

Child Care Central Registry Check (DCC-374)
Central Registry Check (DPP-156)
Public Child Welfare Worker Certification Program

Welcome

Welcome to the CAN Payment and Verification system. This system allows you to request and pay for Child Abuse and Neglect Registry checks. **No refunds will be issued regardless of circumstances. Per Kentucky Revised Statutes, please allow up to 30 days for processing your request.**

Instructions

To begin a new request, select the correct form from the Form Menu located in the upper left hand corner.

- For requests related to a licensed, certified or registered child care or an out of state child care employee, please complete the Child Care Central Registry Check (DCC-374).
- For all other child abuse neglect checks, please complete the Central Registry Check (DPP-156).
- FOR MINORS UNDER THE AGE OF 18, you must upload the [parental consent form](#) AND a photo ID of the person signing the parental consent form. Your request will be denied and your money will not be returned if these items are not uploaded.
- Child Abuse Neglect checks are for EMPLOYMENT/VOLUNTEERS purposes ONLY. If you need records for any other reason, please contact CHFSDCBS.RMS@ky.gov

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 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 you are requesting this check due to it being required for an out of state employer, please include the statutory or regulatory authority for that state that requires the check be completed. If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request. If a regulation or statute is not listed, your request will be cancelled and no refund will be issued.):

5. Select from the categories list: “Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)”

AND

“Michelle P. Waiver (Required by 907 KAR 12:010)”

6. Once selected, continue to scroll down and enter all the required **Personal Information** fields

Personal Information

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

* First Name: Ex. John

* Last Name: Ex. Smith

* Middle Name: Ex. Jones

* Maiden/Nick Name/Other: Ex. Dave

* Sex: -- Please select a Sex --

* Race: -- Please select a Race --

* Date of Birth: MM/DD/YYYY

* Social Security/Individual Taxpayer Identification #: XXX-XX-XXXX

* Date of Initial Hire: MM/DD/YYYY

8. Enter Current Address

- ALL FIELDS ARE REQUIRED EXCEPT FOR ADDRESS LINE 2 (OPTIONAL)
- IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LONGER THAN 5 YEARS, PLEASE MARK THE QUESTION AS YES AND PROCEED TO THE “EMPLOYER SECTION”.
- IF YOU HAVE LIVED AT OTHER LOCATIONS IN THE LAST 5 YEARS, PLEASE MARK THE QUESTION AS NO.
 - If you select no, a second question will appear asking if your previous address is/was international.
 - If yes continue to the “Employer Section”
 - If no, the “Previous Address section will populate.
 - Click on “Add Previous Address”
 - If you have more than one additional address, click on “Add Previous Address” again until you have entered all the necessary addresses.

7. Enter Personal Information

- ALL PERSONAL INFORMATION FIELDS ARE REQUIRED.
- IF EITHER “MIDDLE NAME” OR “MAIDEN/ NICK NAME/OTHER” IS NOT APPLICABLE ENTER “N/A”.
- IF YOU DO NOT HAVE A SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER, PLEASE ENTER ALL NINES IN THE SSN FIELD AND THEN USE THE “OTHER” BOX UNDER “REGULATIONS” TO EXPLAIN WHY YOU ARE USING ALL NINES.

Current Address

* Address Line 1: Ex. 123 Main St

Address Line 2: Ex. Apt 10 Or Suite 200

* City: Ex. Frankfort

* State: -- Please select a State --

* Zip Code: Ex. 12345

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

9. Employer / Agency Information

Please select the box under Employer / Agency Information to authorize the information being sent to Campbellsville University School of Nursing

Enter the information in the field below the checked box exactly as you see here.

If the check does not get sent to the correct person, you will have to reorder and pay for an additional check as the fee is non-refundable.

*****PLEASE DOUBLE CHECK THIS INFORMATION*****

If an email address is entered that is not associated with a KOG login, you will get a message in red under the email box stating the Employer address does not exist in the system or is incorrect.

Results will not be mailed to an Employer or Agency. Only valid emails associated with a KOG account will have the results sent to them electronically.

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

*Name
Employer / Agency Name goes here... **Campbellsville University School of Nursing**

*Email Address
Ex. test@test.com **tbmarlow@campbellsville.edu**

Address Line 1
Ex. 123 Main St **1 University Drive UPO 800**

Address Line 2
Ex. Apt 10 Or Suite 200

City
Ex. Frankfort **Campbellsville**

State
-- Please select a State -- **KY**

Zip Code
Ex. 12345 **42718**

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

*Name
Employer / Agency Name goes here...
Please Enter the Name

*Email Address
adgg@gja

Employer email address does not exist in the system or is incorrect

10. View / Upload Documents

Refer Back to “What You Need” Slide For Approved Document Information

- Enter a “Document Description”
- Click on “Choose File”
 - Select your file and click on “Open”
 - The document file name will appear beside “Choose File”
- Click on “Upload” to add the document to your request

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
Please enter supporting document name

Choose File No file chosen

Upload

Save And Add Applicant Save Submit

After uploading the document(s), select one of the following:

“Save and Add Applicant” – This will save the current request and add a request for an additional individual. (You will not use this option because you should only be submitting checks for yourself)

“Save” – This will save the current request to be submitted later. (The request will display at the bottom of the screen under “Dashboard” to be viewed or edited)

“Submit” – This will save the request and proceed to the Payment Portal. (A confirmation screen will populate prompting you to either “Cancel” or “Continue to Submit”)

Confirm Submit

There are 1 application(s) in this submission. Please verify provided information is correct and that any scanned documentation type is legible. No refunds shall be issued regardless of circumstances for submitted CAN check requests.

If you agree, Please click "Submit" to continue otherwise click "Cancel"

Cancel Submit

- For all other child abuse neglect checks, please complete the Central Registry Check (DFF-100).
- FOR MINORS UNDER THE AGE OF 18, you must upload the parental consent form in order for your request to be processed. The request will be denied and your money will not be returned if this item is not uploaded.
- Child Abuse Neglect checks are for EMPLOYMENT/VOLUNTEERS purposes ONLY. If you need records for any other reason, please contact

II. Choose Payment

- Select the “Pay by Credit/Debit Card” Option
- Select “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

[Proceed to E-Sign](#)

- Select “Sign & Pay”

E-Signature

No refunds will be issued regardless of circumstances. Please verify that all information is correct and that the correct documentation is uploaded before submitting. Requests cannot be edited after submission. To upload documents prior to payment, please return to the dashboard by clicking “Go To Dashboard”, edit the saved request, scroll down to View/Upload Documents and upload appropriate documentation. Per Kentucky Revised Statutes, please allow up to 30 days for processing your request.

Please ensure that you click the “Submit and Return to CAN” button after you enter your payment information on the next screens. Your final confirmation screen will include a case number that begins with “CHRS” for your request. If you do not see this, your request has not been submitted into the CAN system for processing.

[Go To Dashboard](#)

[Sign & Pay](#)

Receipt

To retain a copy of the payment receipt for your records, please use the print option on either of the two payment confirmation screens before returning to the dashboard. Receipt will be automatically sent to the email address which you have used for CAN.

12. Enter Payment Information

- Enter your credit/debit card information on the “Select Payment Type” screen

All fields are required *except* for “Address Line 2” and “Email Address”

The fee is \$10.00 per CAN check application and is **non-refundable**

- Select Next to continue to the “Payment Overview”

CHFS Child Abuse & Neglect (CAN) Checks

Summary

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

Card Number *****1111 Expiration Date 1/2023

Cardholder Details

Sunshine Care Bear
1 Care A Lot
Frankfort, KY 40601 United States

PAY NOW

[Cancel and return to CHFS Child Abuse & Neglect \(CAN\) Checks](#)
[Log in to pay with your Kentucky.gov eWallet!](#)

- If all of the details are correct select “Pay Now”

After successfully submitting payment, a CAN Check Request Receipt will be displayed with a Confirmation number of the payment and can be printed or emailed.

- Click on “Complete Payment and Return to CAN”

If “Complete Payment and Return to CAN” is not selected, the application will not be submitted for review

CHFS Child Abuse & Neglect (CAN) Checks

Select Payment Type

CREDIT CARD

Card Details

Card Number (required) Expiration Date (required) Security Code (required)

No spaces or dashes, please.



Cardholder Details

Name (required) Country (required)

Address Line 1

City (required)

NEXT

[Cancel and return](#)

CHFS Child Abuse & Neglect (CAN) Checks

Thank you for your payment!

Your transaction has been submitted! Please print or e-mail a copy of this receipt for your records.

Note: You MUST click “Complete Payment and Return to CAN” at the bottom of this screen in order for your request to be processed.

Summary

Confirmation Number **65396914**

Payment Made: 09/29/2022 03:18 PM EDT
Payment Method: Visa Credit Ending With 1111

Account Holder Details
Sunshine Care Bear
1 Care A Lot
Frankfort KY 40601

Description	Price	Quantity	Extended Total
CAN Application Fee	\$10.00	1	\$10.00
Total			\$10.00

COMPLETE PAYMENT AND RETURN TO CAN

Kentucky.gov User?

We noticed that you are not logged in to Kentucky.gov. If you would like to view your receipt online after closing your browser, login now.

[LOGIN WITH KENTUCKY.GOV](#) [CREATE ACCOUNT](#)

[Why get a Kentucky.gov account?](#)

CONFIRMATION AND RESULTS

Once the Payment is complete a confirmation screen will populate and an email will be sent to the address on file for the application.

A Case Number will be given starting with CHRS.

The status of the request will be updated to Submit.

Note - Please allow up to 30 days for processing. When your results are complete you will receive a confirmation email at the address on file and you can return to your dashboard to view/print the results.

Printing/Saving: Once your CAN check is complete you will be able to view, print and save the results.

1. Launch the CAN Payment and Verification app from the KOG apps page.
2. Go to My Dashboard and scroll down to where your application is listed.
3. Click on Print.
4. Click on the dropdown arrow next to the Disk image and select PDF.
5. Open the PDF, you will be able to print and/or save the completed CAN check.

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
1179	1224	CHRS20220000008	Sunshine	Bear	DPP	9/29/2022	9/29/2022	Submitted		View	Edit	Print	Delete