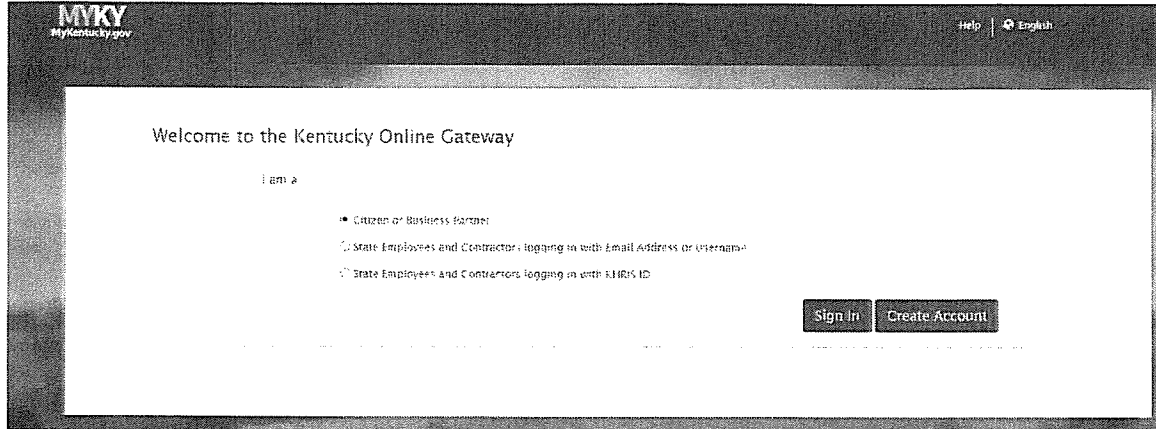


CAN Check Request User Guide

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

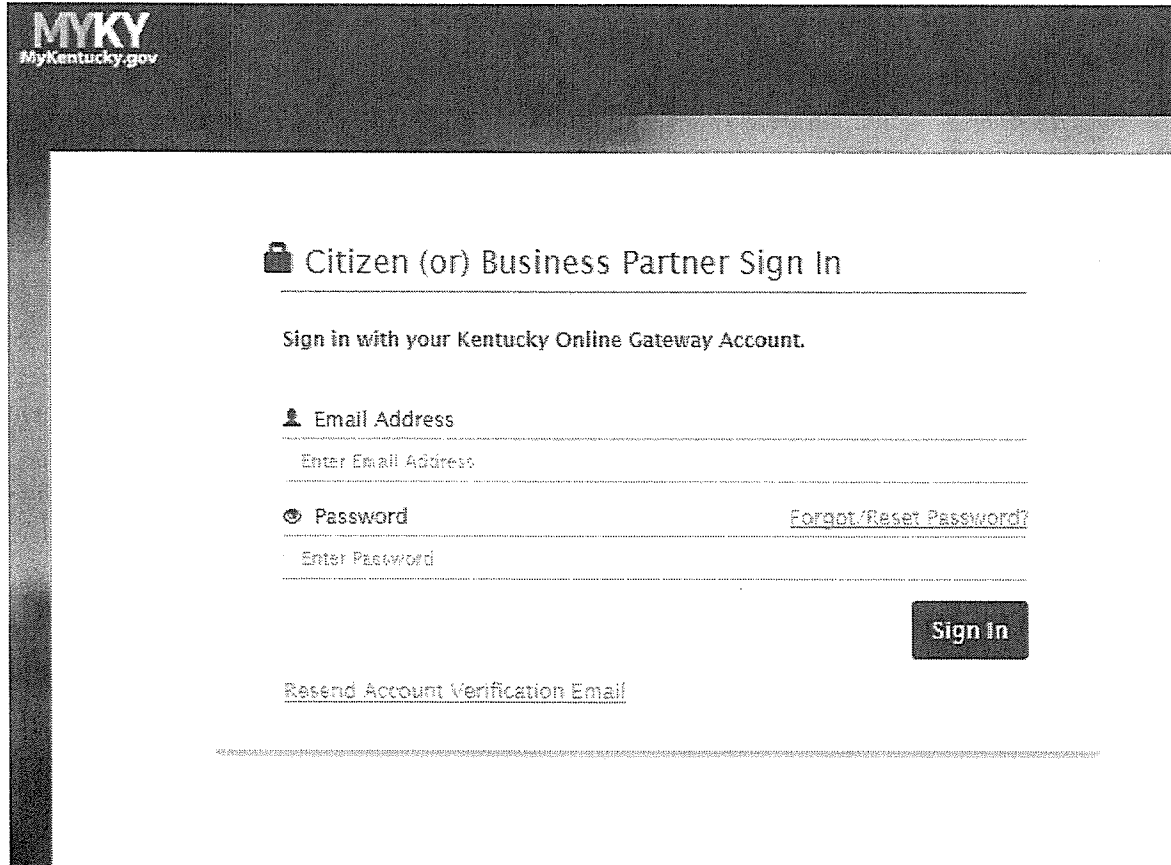
Select **Citizen or Business Partner** and Select **Sign In**



The screenshot shows the 'Welcome to the Kentucky Online Gateway' page. At the top left is the 'MYKY MyKentucky.gov' logo, and at the top right are 'Help' and 'English' links. The main content area has the heading 'Welcome to the Kentucky Online Gateway' followed by 'I am a' and three radio button options: 'Citizen or Business Partner' (selected), 'State Employees and Contractor (logging in with Email Address or Username)', and 'State Employees and Contractors logging in with KIRIS ID'. At the bottom right of the content area are two buttons: 'Sign In' and 'Create Account'.

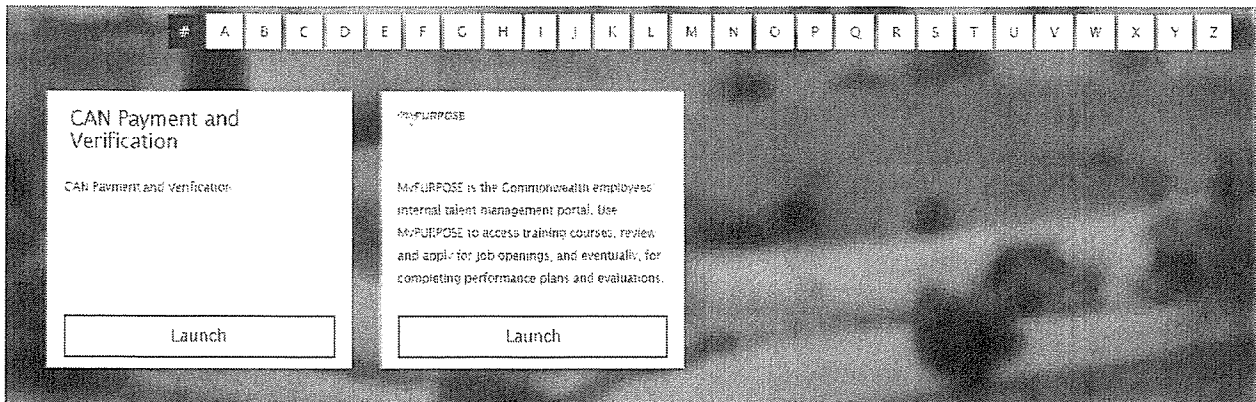
Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.

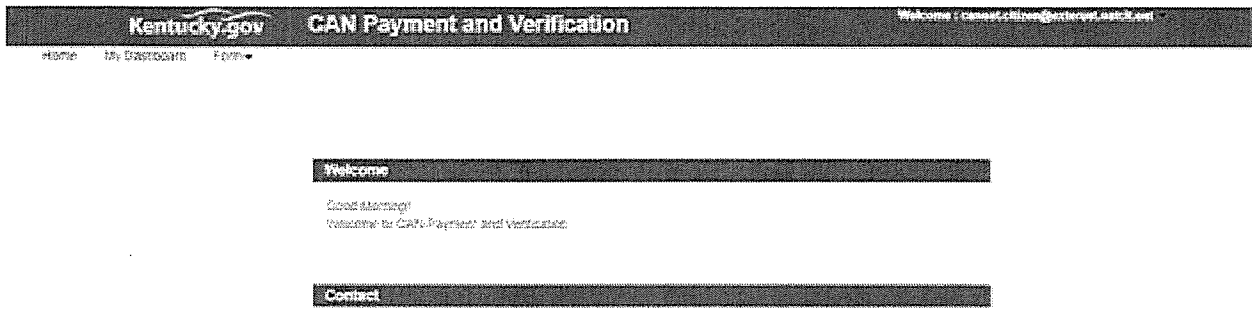


The screenshot shows the 'Citizen (or) Business Partner Sign In' page. At the top left is the 'MYKY MyKentucky.gov' logo. The main heading is 'Citizen (or) Business Partner Sign In' with a lock icon. Below the heading is the instruction 'Sign in with your Kentucky Online Gateway Account.' There are two input fields: 'Email Address' with a person icon and 'Password' with an eye icon. The 'Email Address' field has a placeholder 'Enter Email Address' and a 'Forgot/Reset Password?' link to its right. The 'Password' field has a placeholder 'Enter Password'. At the bottom right is a 'Sign In' button. At the bottom left is a link 'Resend Account Verification Email'.

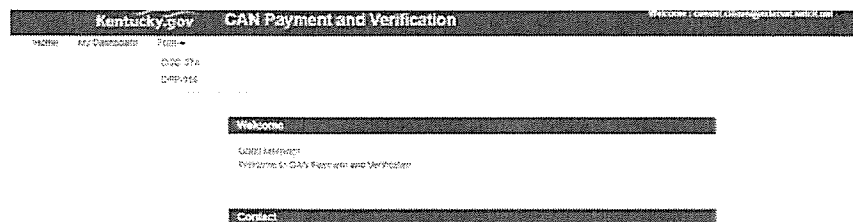
Select the letter "C" from the alphabet list and select **CAN Payment and Verification (Child Abuse and Neglect)** from the application list and click **Launch**.



The CAN Check Home screen will be displayed.



Select the desired request type from the **Form** dropdown (DCC-374 for Child Care Central Registry Checks or DPP-156 for Central Registry Checks)



Sections of the selected form annotated with a red * are mandatory fields (Middle Name and Nick Name/Maiden name can have N/A entered if not applicable). A proof of ID (driver's license, birth certificate, or Social Security card, or passport) photograph must be attached to each request.

Approved file types are as follows:

- .JPEG
- .PNG
- .BMP
- .PDF

* STATE AND/OR FEDERAL LAW REQUIRES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR SERVICE AS A CHILD CARE/DAY CARE STAFF MEMBER FOR THE FOLLOWING:

- A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)
- A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)
- A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)
- Private Child Care Employee (KRS 195.466)
- Out of State Child Care Employee (42 U.S.C. 9858f, 45 C.F.R. 96.43)

Other:
(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):

Personal Information

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

* First Name <input type="text" value="John"/>	* Last Name <input type="text" value="Smith"/>
Middle Name <input type="text" value="James"/>	Nick Name <input type="text" value="Dad"/>
* Sex -- Please select a Sex --	* Race -- Please select a Race --
* Date of Birth <input type="text" value="MM/DD/YYYY"/>	* Social Security # <input type="text" value="###-##-####"/>
* Date of Initial Hire <input type="text" value="MM/DD/YYYY"/>	

Current Address

* Address Line 1 <input type="text" value="123 Main St"/>	Address Line 2 <input type="text" value="Apt 100, Suite 200"/>
* City <input type="text" value="Please type"/>	* State -- Please select a State --
	* Zip Code <input type="text" value="###-###"/>

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

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:

View / Upload Documents

* Upload Supporting Document
 No file chosen

To Save the current request to your dashboard prior to payment select **Save**.

To Save and additional requests to submission (up to 10 CAN checks per submission) select **Save and Add Applicant**.

To submit requested CAN Check(s) for payment select **Submit**.

The screenshot shows a web form with three main sections:

- General Address:** Includes fields for Address Line 1, Address Line 2, City, State (a dropdown menu with "Please select a State"), and Zip Code. There is also a checkbox for "Living at the current address longer than 5 Years?".
- Employer / Agency Information:** A text area for providing details about the employer or agency.
- View / Upload Documents:** A section for uploading supporting documents, featuring a "Choose File" button and an "Upload" button.

At the bottom right of the form, there are three buttons: "Save & Add Applicant", "Save", and "Submit".

Upon Submission, you will be presented with the payment selection screen.

The screenshot shows a payment selection screen titled "Customer". It contains the following text and options:

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

At the bottom right, there is a button labeled "Proceed to E-Sign".

If you work for an organization that has been issued a payment processing code select **Agency Payment Code**. Select your customer organization from the drop down and enter the assigned Agency Payment Code for your selected organization. Then Select **Proceed to E-Sign**.

This screenshot shows the same payment selection screen as above, but with the "Agency Payment Code" radio button selected. It includes an additional dropdown menu for "Select customer type" with the text "Please Select Customer Type". Below this, there is a text input field for the "Agency Payment Code" with the placeholder text "Please enter coupon code here". The "Proceed to E-Sign" button is still present at the bottom right.

If you wish to pay by credit card/debit card select **Pay by Credit/Debit Card**. Then select **Proceed to E-Sign**.

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	Date and Time
casual citizen	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)

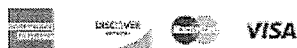
Expiration Date (required)

01 2019

Security Code (required)

[Help](#)

No spaces or dashes, please.



Cardholder Details

Name (required)

Country (required)

United States

Address Line 1 (required)

Address Line 2

City (required)

State (required)

KY

Zip Code (required)

NEXT


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

CHFS Child Abuse & Neglect (CAN) Checks

Visa Card Details	EDIT	Summary	^
Card Number *****1111	Expiration Date 1/2020	CAN Application Fee	\$10.00
		Item Price: \$10.00	
		Quantity: 1	
Cardholder Details	EDIT	Sub Total	\$10.00
Jonathan Vandiver		Total	\$10.00
8000 John Davis Drive Apt 1805			
Frankfort, KY 40601 United States			

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

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



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After successful payment or if you selected to pay by Agency Payment Code a CAN Check request receipt is displayed proving the assigned Case Number(s) for your request(s).

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.

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

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:

Status:

Match ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	View	Edit	Print
1051	1068	CHRS20190000104	Tyron	Lannister	DCC	5/6/2019	5/6/2019	Completed	<input type="button" value="Result"/>	<input type="button" value="Edit"/>	<input type="button" value="Print"/>
1052	1069	CHRS20190000105	Jane	Dixon	DCC	5/6/2019	5/6/2019	Completed	<input type="button" value="Result"/>	<input type="button" value="Edit"/>	<input type="button" value="Print"/>
1053	1070		Morpheus	Endless	DCC	5/13/2019	5/13/2019	Saved	<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="Print"/>
1054	1071	CHRS20190000106	Jonathan	Vandiver	DCC	5/13/2019	5/13/2019	Submitted	<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="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.