

1. Navigating the KOG System

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

Step 1:

- Select Sign In if you already have a KOG account.
- Select Create Account if this is your first time logging in.

Sign In:

Please use the email address and password used when your KOG account was created.

1. Enter your Email Address.
2. Click on Next.
3. Enter your Password.
4. Click on Verify.

The screenshot shows the 'KENTUCKY ONLINE GATEWAY' header. Below it, the text 'Sign in with your Kentucky Online Gateway (KOG) Account (UAT)' is displayed. There is a label 'Email Address' with a left-pointing arrow above a text input field. Below the input field is a large grey button labeled 'Next'. At the bottom, there are links for 'Create New Account' and 'Resend Account Verification Email'. The footer includes 'English' with a dropdown arrow and a 'Help' link.

The screenshot shows the 'KENTUCKY ONLINE GATEWAY' header. Below it is a circular icon containing a padlock and the text '****'. The text 'Verify with your password' is displayed, followed by an example email address 'canuat.citizen@keups.net'. There is a label 'Password' with a left-pointing arrow above a text input field. Below the input field is a large grey button labeled 'Verify'. At the bottom, there are links for 'Forgot password?' and 'Back to sign in'. The footer includes 'English' with a dropdown arrow and a 'Help' link.

Create Account:

The following screen will open when **Create Account** is selected. Make note of the email address and password used to create the account. This will be your account login information.

1. Click on **Create New Account**.
2. Enter all required information marked with a red asterisk (*).
3. Click on **Sign Up**.

KENTUCKY
ONLINE GATEWAY

Sign in with your Kentucky Online Gateway (KOG) Account (UAT)

Email Address

Next

Create New Account

Resend Account Verification Email

English ▼

Help

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 Submit 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 ▼
Street Address 1		Street Address 2
City		State Kentucky ▼
Question In what city were you born? (Enter full name of city only) ▼		Zip Code
Question What was the name of your first pet? ▼		* Answer
		* Answer

CANCEL SIGN UP

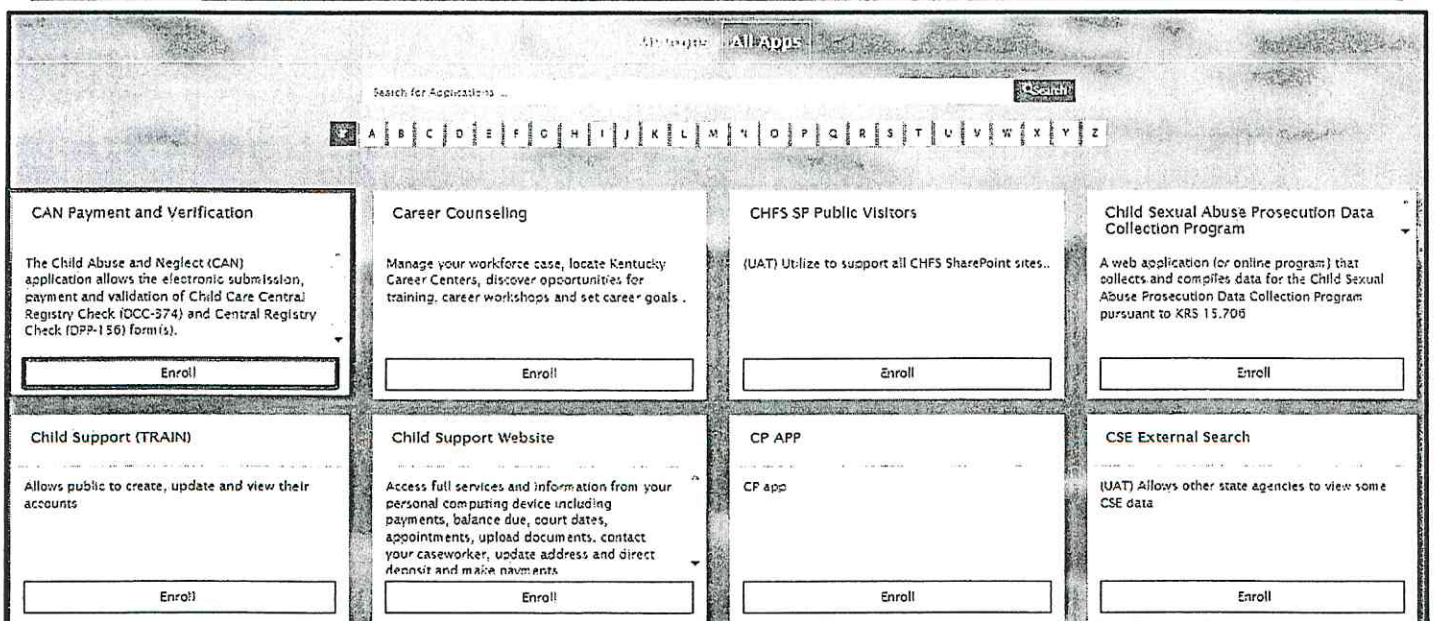
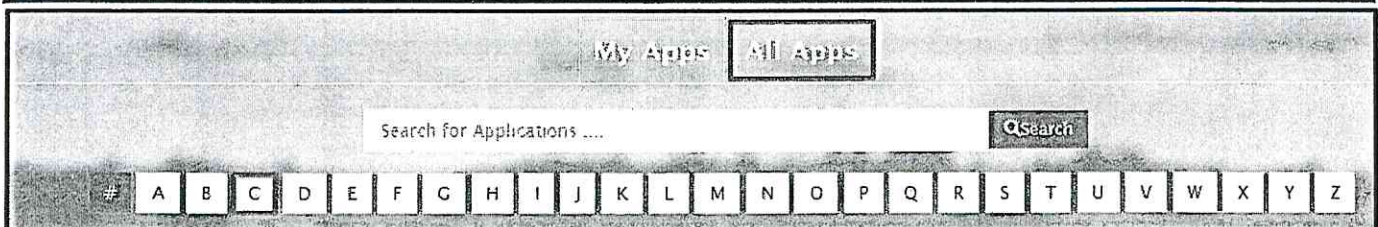
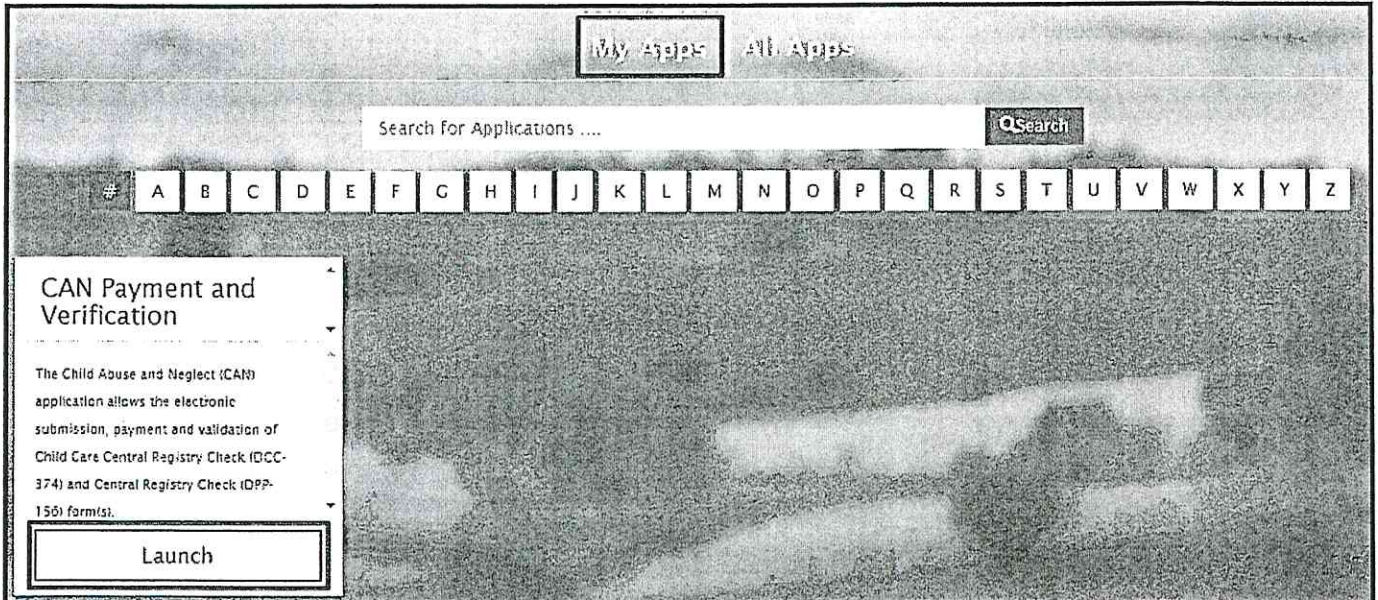
Step 2: Launching CAN Payment and Verification:

On the My Apps Home Page:

1. Click on **Launch**.

If the **CAN Payment and Verification** app does not automatically appear on your KOG home screen under **My Apps**, please follow the below steps.

1. Click on **All Apps**.
2. Select the Letter '**C**' from the Alphabet List.
3. Select '**CAN Payment and Verification**' from the Apps listed.
4. Click on **Launch**.



Application Compatibility:

- Google Chrome
- Mozilla (Fire Fox)
- Internet Explorer
- Microsoft Edge
- Safari on Android and iOS devices

2. CAN Payment and Verification: Public Facing Portal

The Public Facing Portal is for Citizens who can create an account using their personal email address and log into the application for the purpose of Registration checks for Certification Programs.

2.1 Landing Page/Home Page

The screenshot shows the landing page of the Kentucky.gov CAN Payment and Verification system. The header includes the Kentucky.gov logo, the title 'CAN Payment and Verification', a welcome message for 'central.chzcc@ky.gov', and a link to the 'CAN User Guide'. The navigation bar contains links for 'Home', 'My Dashboard', 'Employer Dashboard', and a 'Form' dropdown menu. A technical support notice is displayed below the navigation bar. The main content area is divided into three sections: 'Welcome', 'Instructions', and 'Contact'. The 'Welcome' section provides a brief overview of the system. The 'Instructions' section lists steps for submitting a request, including selecting the correct form (DCC-374, DPP-156, or PCWCP) and providing necessary information. The 'Contact' section provides contact information for technical support and specific request types.

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 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 CHFSDCBS.RMS@ky.gov

The CAN Payment and Verification database requires a social security or taxpayer identification number. If you do not have a social security or taxpayer identification number, please submit a paper DCC-374 (EN / SP) or DPP-156 (EN / SP).

The CAN Payment and Verification Database does not accept International addresses. Please list US addresses only.

Please make sure to include an employer/agency name and email address on your request. This allows results to go directly to the employer/agency.

For DPP-156 request only: Agencies requesting Central Registry Checks on behalf of their employees, potential employees, or volunteers must upload a signed copy of the current DPP-156 (R. 8/2019) EN / SP form.

To check the status of a previously submitted request, select My Dashboard in the upper left hand corner

Contact

For questions on how to submit a request in the CAN Payment and Verification database, please refer to the CAN User Guide in the upper right hand corner. If you still have questions, please contact:

- For questions about a licensed, certified, or registered child care program or an out of state child care employee, please contact the Division of Child Care via email at CHFSDCBS.RMS@ky.gov or by calling 502-564-2524, Option 1.
- For questions about ALL other requests, please contact Records Management Section at CHFSDCBS.RMS@ky.gov or by calling 502-564-3834.
- For any Payment issues, please contact the help desk at support@kentucky.gov or by calling 502-875-3733

2.2 Forms

2.2.1 Submitting a CAN Request

Select the appropriate request type from the Form dropdown options.

2.2.1.1 Child Care Central Registry Check (DCC-374)

This form is applicable for Employment of Volunteerism with a Daycare Provider ONLY.

2.2.1.2 Central Registry Check (DPP-156)

This form is applicable for all Child Abuse checks, including the Child-Placing Agencies, Residential Child-Caring Facilities, Schools, Camps, Supports for Community Living (SCLs), Various Waiver Programs, Etc.

2.2.1.3 Public Child Welfare Worker Certification Program (PCWCP)

This form is filed for Admission in the Public Child Welfare Worker program.

The screenshot shows the 'Form' dropdown menu on the Kentucky.gov CAN Payment and Verification page. The menu is open, displaying three options: 'Child Care Central Registry Check (DCC-374)', 'Central Registry Check (DPP-156)', and 'Public Child Welfare Worker Certification Program'. The background shows the same header and navigation bar as the previous screenshot, with the 'Form' dropdown menu highlighted.

Kentucky.gov CAN Payment and Verification

Home My Dashboard Employer Dashboard **Form**

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

For technical support issues, please contact the help desk at support@kentucky.gov or by calling 502-875-3733

2.2.2 Form Submission Steps:

*The Submission Steps are the same for both the DPP-156 and DCC-374 form. Only the Applicable Regulation is different. Once the Applicable Regulation for either form is selected proceed to #2 Personal Information.

2.2.2.1 Child Care Central Registry Check Form (DCC-374)

1. Applicable Regulation: Select the Regulation that authorizes a CAN check to be conducted.

*If none are applicable, specify the reason you are requesting the CAN check in the Other box field.

*If this is for a School Course under Other please make sure to enter the *School name and what it is for*.

Example: Western Hills, Home Education class or Midway College, Education course.

CHILD CARE CENTRAL REGISTRY CHECK	
* 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:	
<input type="checkbox"/> A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)	
<input type="checkbox"/> A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)	
<input type="checkbox"/> A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)	
<input type="checkbox"/> Private Child Care Employees (KRS 199.466)	
<input type="checkbox"/> Out of State Child Care Employee (42 U.S.C. 9858f, 45 C.F.R. 98.43)	
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.):	
<div></div>	

2.2.2.2 Central Registry Check Form (DPP-156)

1. Applicable Regulation: Select the Regulation that authorizes a CAN check to be conducted.

*If none are applicable, specify the reason you are requesting the CAN check in the Other box field.

*If this is for a School Course under Other please make sure to enter the *School name and what it is for*.

Example: Western Hills, Home Education class or Midway College, Education course.

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

2. Enter Personal information: All Personal Information fields are required.

1. If either **Middle Name** or **Maiden/Nick Name/Other** is not applicable enter **N/A**.
2. If you do **not** have a **Social Security** or **Taxpayer Identification** number, please enter all 9s in the **SSN** field and then use the **Other** box under **Regulations** to explain why you are using all 9s.

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 # 999-99-9999
* Date of Initial Hire MM/DD/YYYY	

3. Entering Current Address: All fields are required except for Address Line 2 (optional)

1. 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**.

2. If you have lived at **other locations** in the last 5 years, please mark the question as **No**.

*If marked **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.

Current Address			
* Address Line 1 Ex. 123 Main St	Address Line 2 Ex. Apt 10 Or Suite 200		
* City Ex. Frankfurt	* State -- Please select a State --	* Zip Code Ex. 12345	
* Living at the current address longer than 5 years? <input checked="" type="radio"/> Yes <input type="radio"/> No			

Current Address		
* Address Line 1	Address Line 2	
<input type="text" value="Ex. 123 Main St"/>	<input type="text" value="Ex. Apt 10 Or Suite 200"/>	
* City	* State	* Zip Code
<input type="text" value="Ex. Frankfurt"/>	<input type="text" value="-- Please select a State --"/>	<input type="text" value="Ex. 12345"/>
* Living at the current address longer than 5 years? <input type="radio"/> Yes <input checked="" type="radio"/> No ←		
* Is your previous address International? <input checked="" type="radio"/> Yes <input type="radio"/> No ←		

Current Address		
* Address Line 1	Address Line 2	
<input type="text" value="Ex. 123 Main St"/>	<input type="text" value="Ex. Apt 10 Or Suite 200"/>	
* City	* State	* Zip Code
<input type="text" value="Ex. Frankfurt"/>	<input type="text" value="-- Please select a State --"/>	<input type="text" value="Ex. 12345"/>
* Living at the current address longer than 5 years? <input type="radio"/> Yes <input checked="" type="radio"/> No ←		
* Is your previous address International? <input type="radio"/> Yes <input checked="" type="radio"/> No ←		

Previous Address
Please list your addresses for the last five years. Click "Add Previous Address" button to add more sections (if applicable)
<input type="button" value="Add Previous Address"/>

4. **Entering Employer/Agency Information:** To authorize the results to be shared with an Employer or Agency, complete the required fields.

***If you only want the results to come to you, skip this section.**

1. If you want your Employer or Agency to receive a copy of your results, you **Must** check the box.

2. **Employer Name and Email Address are Mandatory** if the check box is marked.

1. Check with your Employer or Agency to determine which email address needs to be entered. This Email address should be the one used for their KOG login.

2. 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

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

Middlesboro Independent School District

* Email Address

sherri.hoskins@mboro.kyschools.us

Address Line 1

220 North 20th Street

Address Line 2

Ex. Apt 10 Or Suite 200

City

Middlesboro

State

-- Please select a State --

Zip Code

Ex. 40965

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

Middlesboro Independent School District

Please Enter the Name

* Email Address

sherri.hoskins@mboro.kyschools.us

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

5. View/Upload Documents:

1. At least one form of **Supporting documentation** from the below list is required.

Valid Driver's License or State ID
Birth Certificate
Social Security Card or Individual Taxpayer ID
Passport or Work ID

1. The **document file type** will need to be one of the following file types listed below.

.JPEG
.PNG
.BMP
.PDF

2. Please ensure that the **document image** is clear and can be clearly recognized.

3. Make sure that the **file size** is **2mb or smaller**.

4. If you are **under the age of 18**, a copy of the completed **Parental Consent** form must be **uploaded** along with your **supporting documentation** from the above list.

*This form can be found on the **Home Page** under the **Instructions Section**.

5. Enter a **Document Description**.

6. Click on **Choose File**. Select the file and click on **Open**. The document file name will appear beside **Choose File**.

7. Click on **Upload** to **Add** the Document to your request.

8. After uploading the required document/documents, **Select** one of the following:

1. **Save and Add Applicant**: This will save the current request and **add** a request for an additional Individual.

*Up to 10 CAN checks can be processed under one submission.

2. **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.

3. **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**.

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**

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For DPP 156 request only: Agencies requesting Central Registry Checks on behalf of their employees, potential employees, or volunteers must upload a signed copy of the current DPP-156 (R. 8/2019) EN / SP form.

To check the status of a previously submitted request, select My Dashboard in the upper left hand corner

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

6. Missing Documentation: If there is any application that is missing the required documentation an upload message will display indicating which individual/individuals need documentation uploaded prior to submission.

1. To add missing document to the request and resubmit.
 1. Return to the **My Dashboard**.
 2. Select **Edit** to edit the specific individual request and add the required documents to the request under the **View/Upload Document** section.
 3. Make sure that the **Document** being added is an **accepted** document.
 4. **Upload** document and click on **Submit**.
2. Requests that are missing information will be indicated by a red **Y** within the **Document Missing** column.

Upload

Please upload at least one document for the below document

1. Jane Doe