CAN User Guide

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1. Navigating the KOG System

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

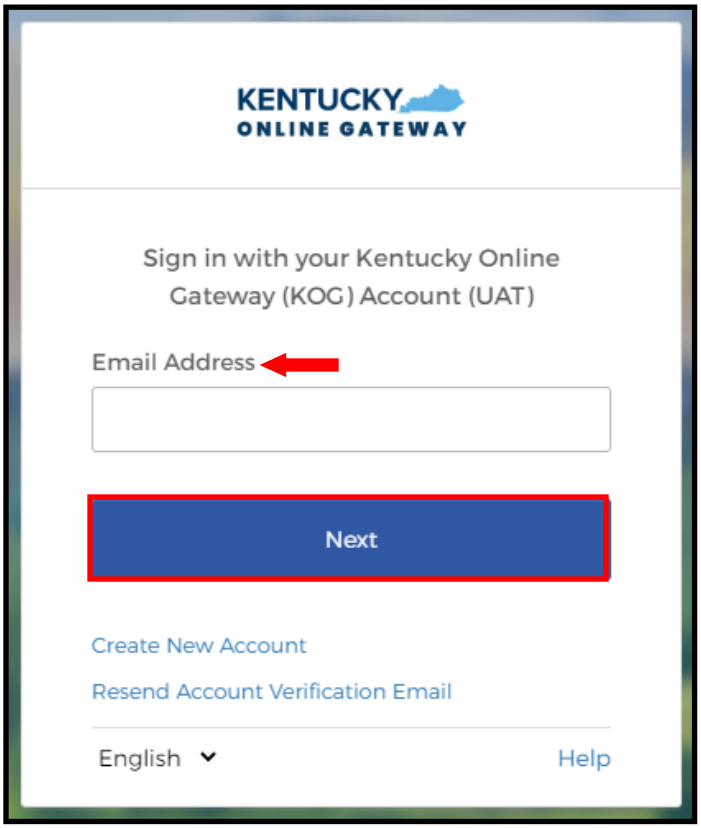
Step 1:

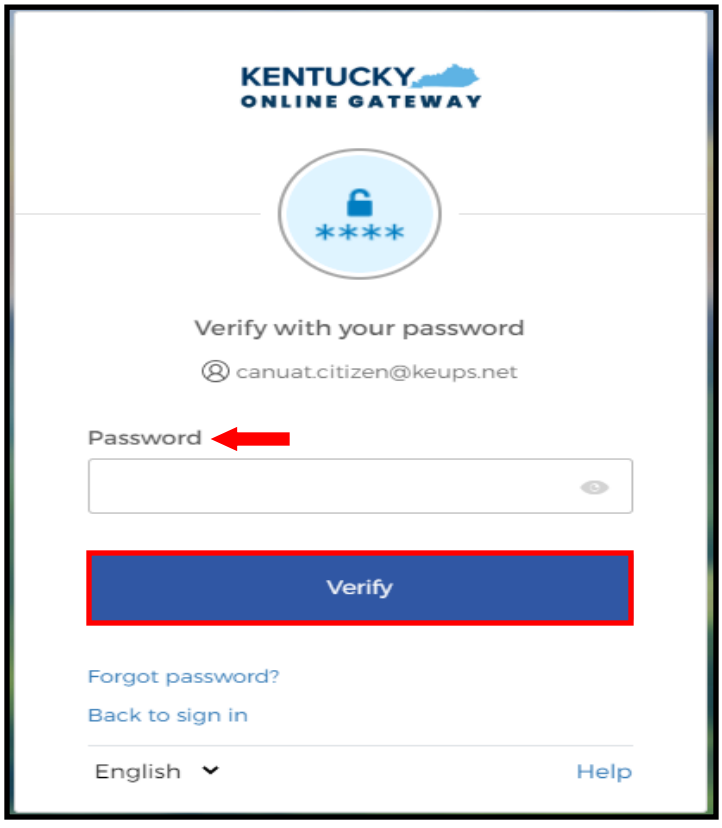
- Select Sign In if you already have a KOG account.
- Select Create Account if this is your first time logging in.

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**.

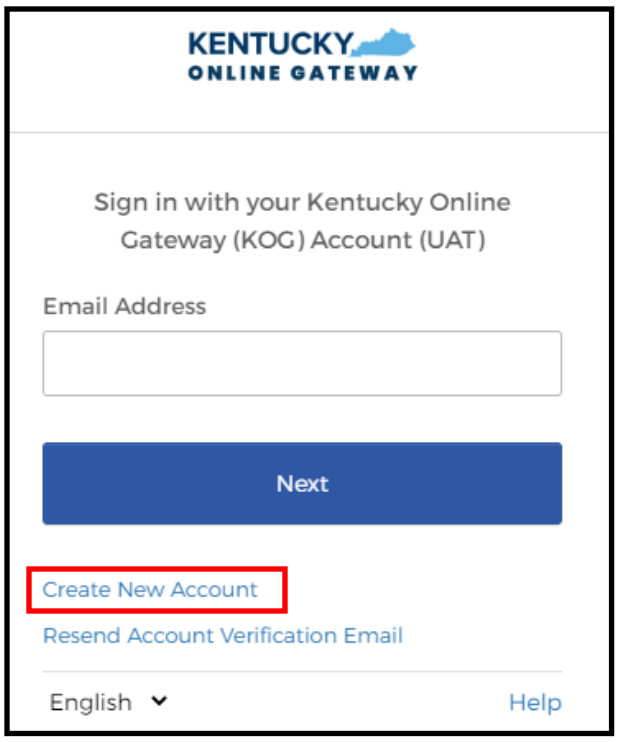


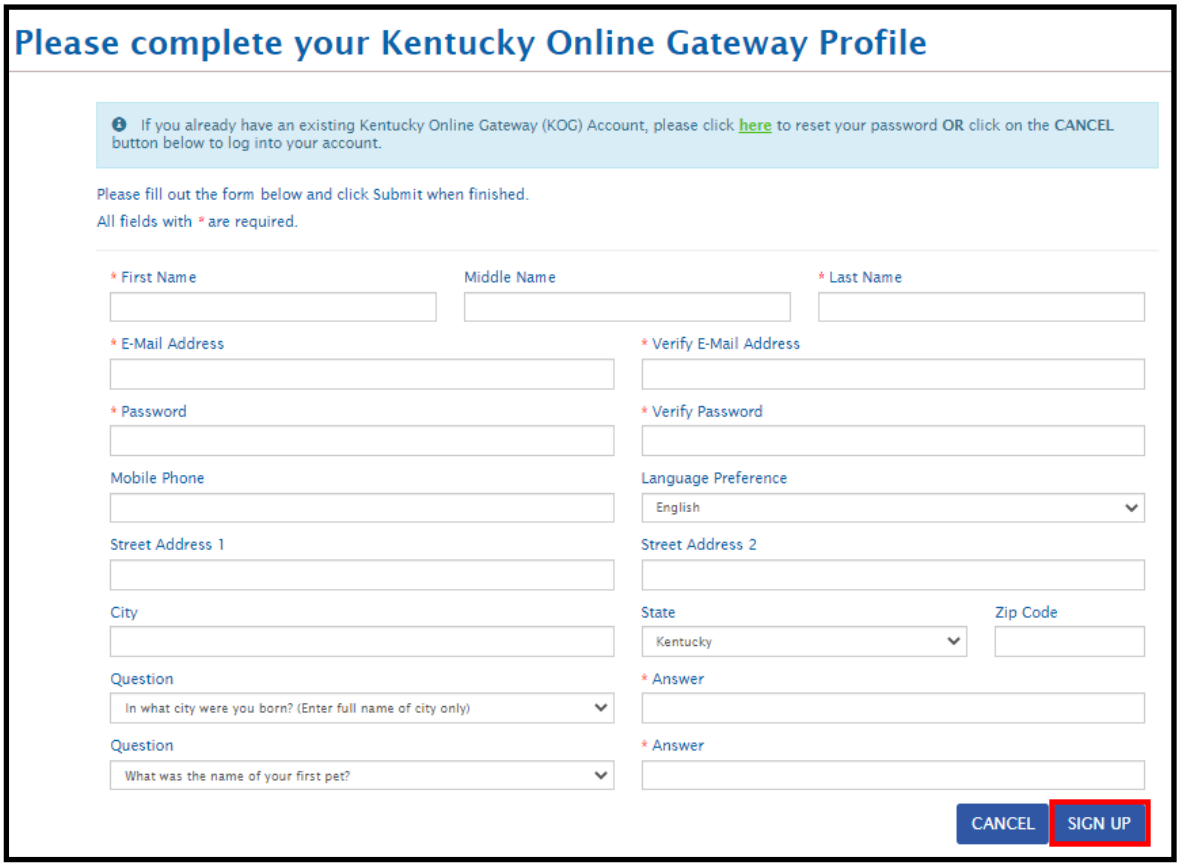


Create Account:

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**.





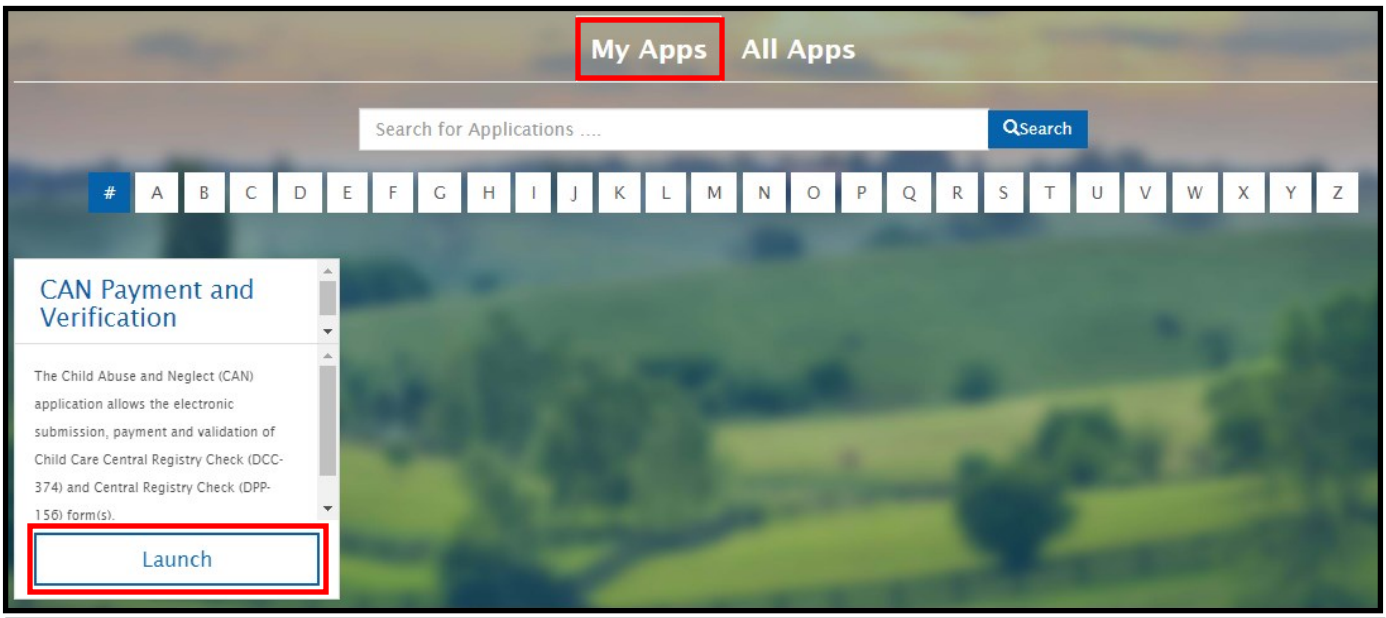
Step 2: Launching CAN Payment and Verification:

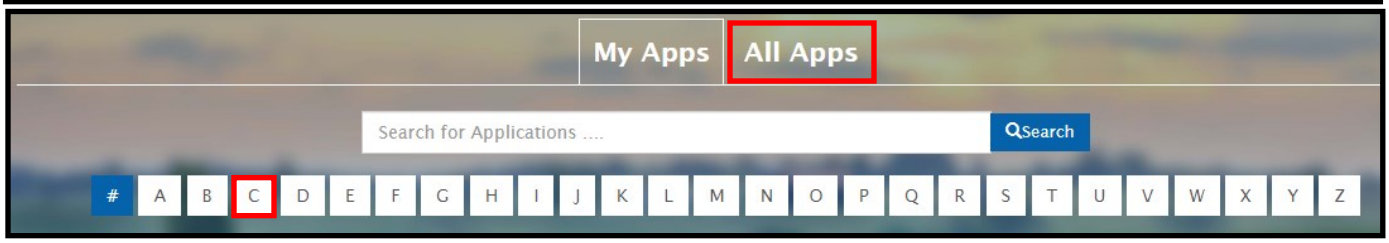
On the **My Apps Home Page**:

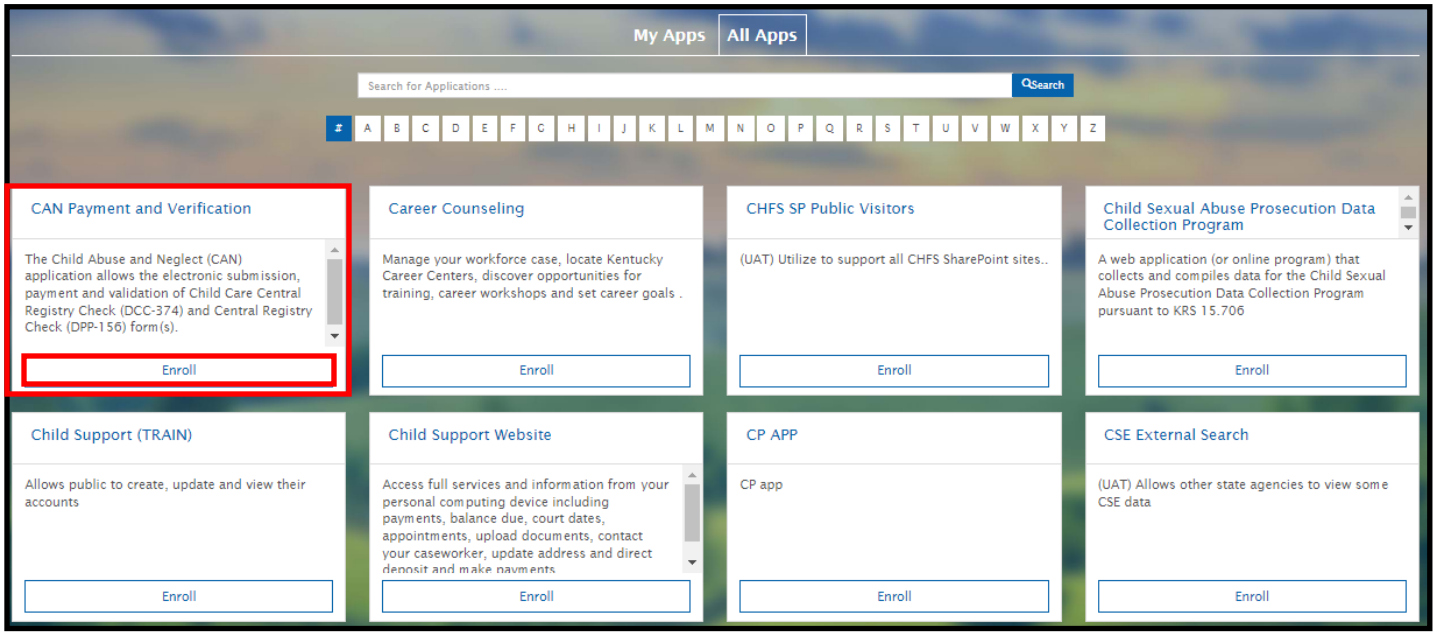
1. Click on **Launch.**

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**.







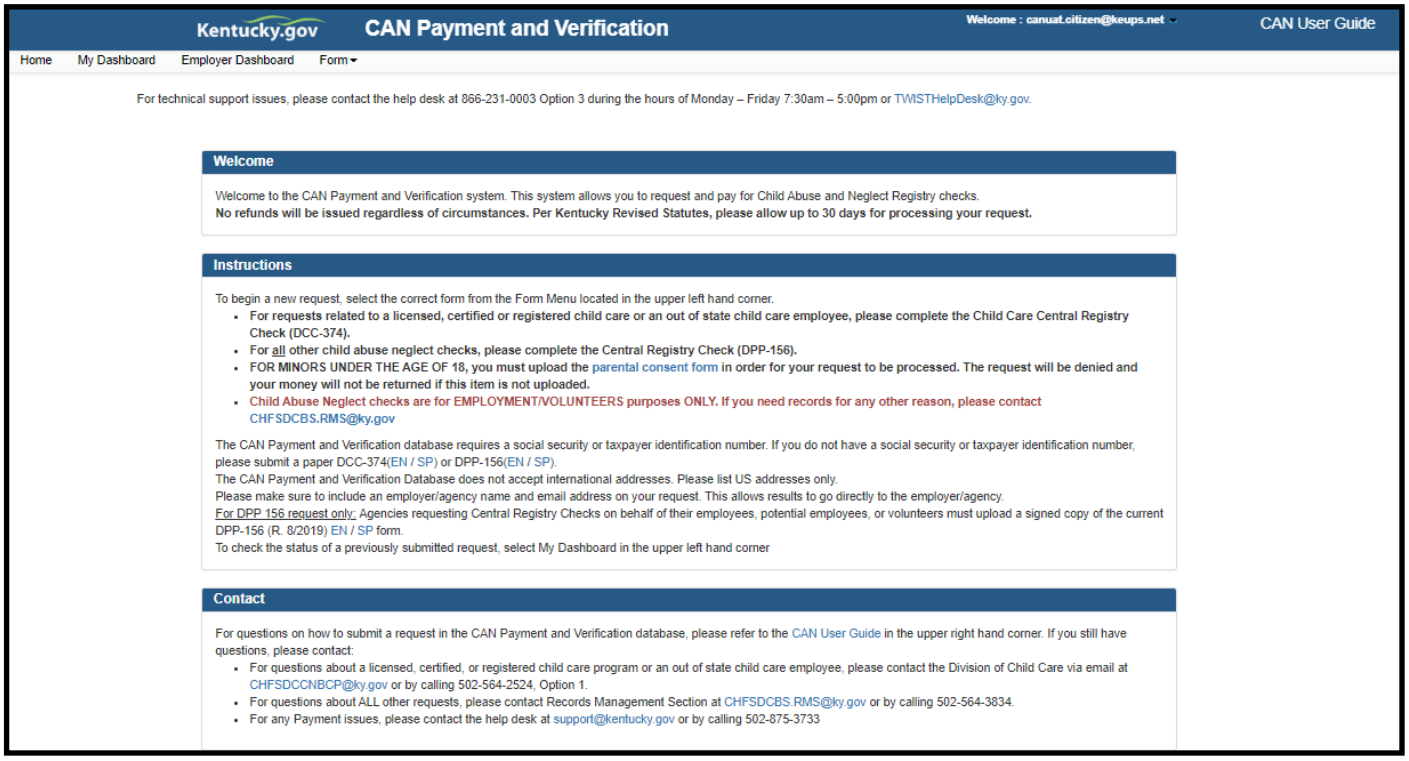
Application Compatibility:

- 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



2.2 Forms

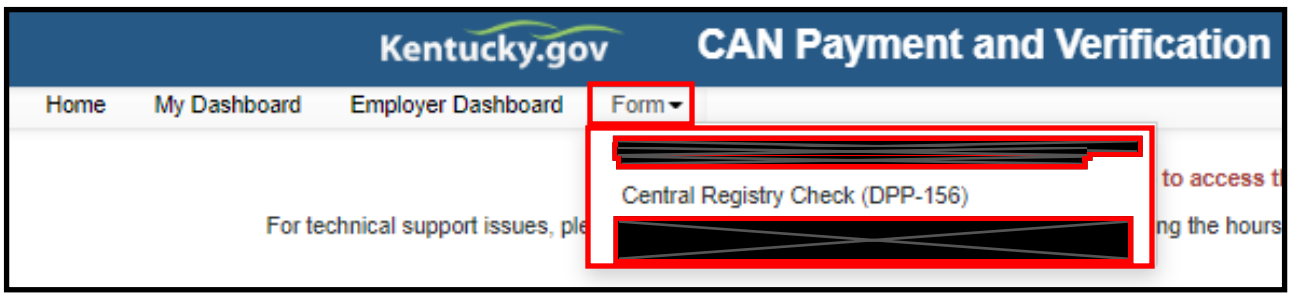
2.2.1 Submitting a CAN Request

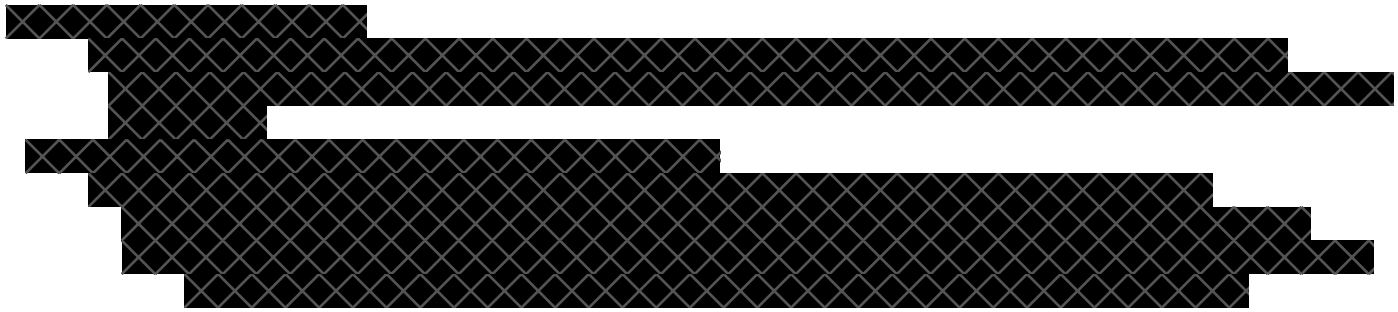
[redacted]

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.

[redacted]





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:

- ☐ 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 199.466)
- ☐ 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.):

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

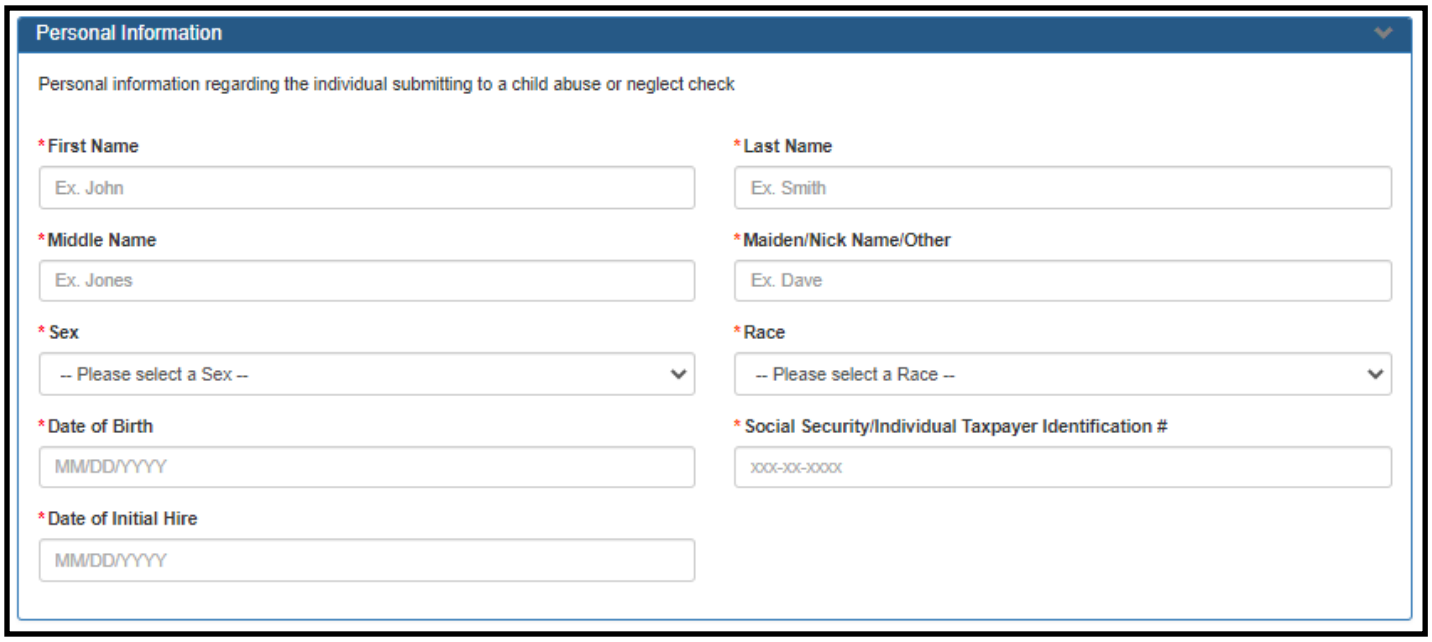
* FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS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

- ☐ 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.):

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.



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**.

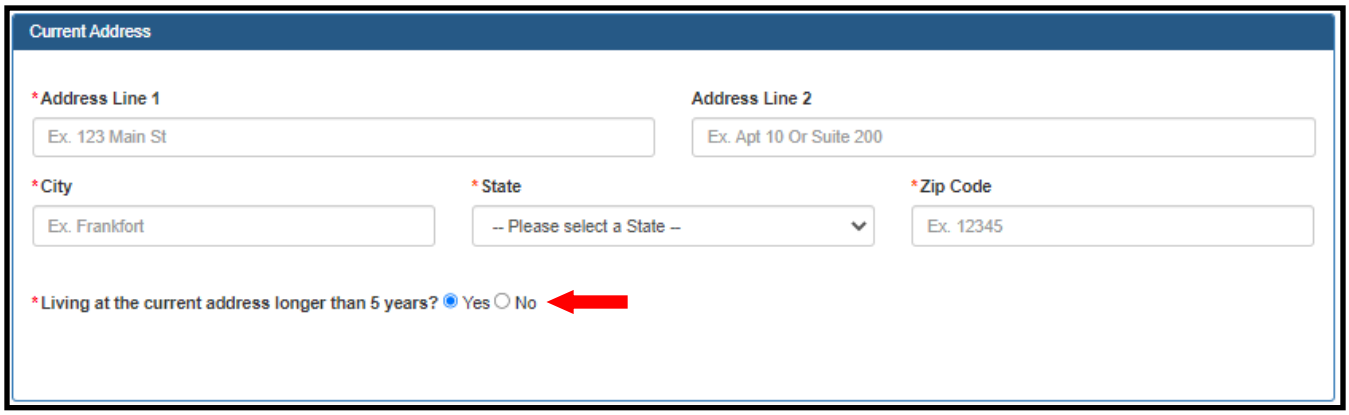
*If marked **No**, a second question will appear asking if your previous address is/was **International**.

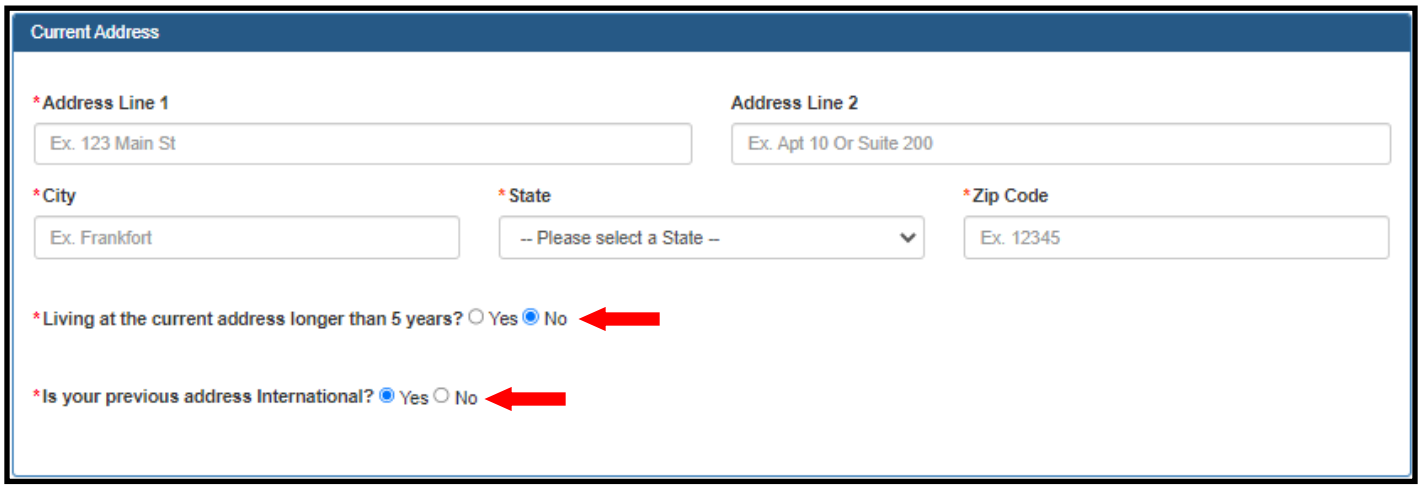
If **Yes**, continue to the **Employer Section**.

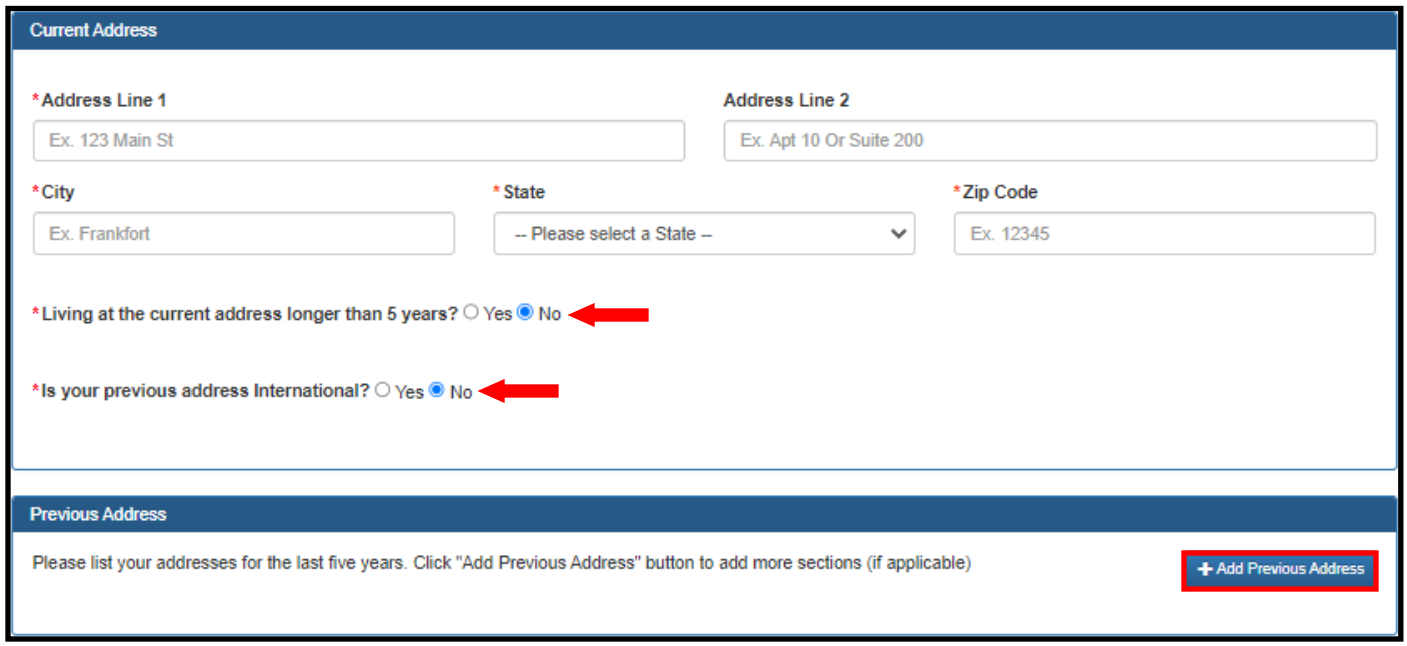
If **No**, the **Previous Address** section will populate.

Click on **Add Previous Address**.

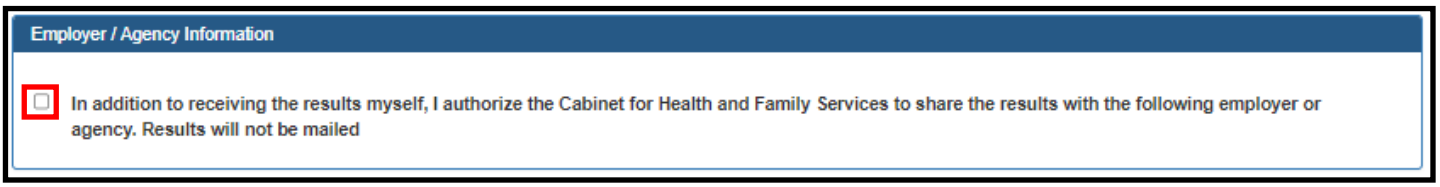
If you have **more** than one additional address, click on **Add Previous Address** again until you have entered all the necessary addresses.

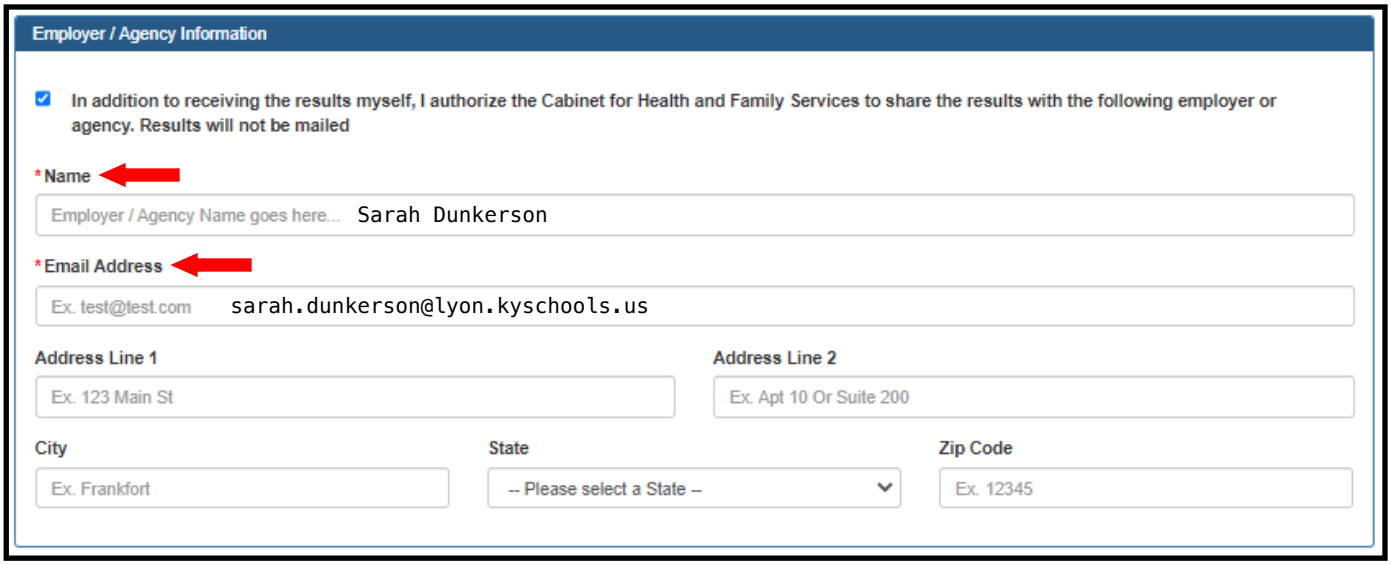



Current Address
*Address Line 1
Ex. 123 Main St
Address Line 2
Ex. Apt 10 Or Suite 200
*City
Ex. Frankfort
*State
-- Please select a State --
*Zip Code
Ex. 12345
*Living at the current address longer than 5 years? Yes No
*Is your previous address International? Yes No


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
*Is your previous address International? Yes No
Previous Address
Please list your addresses for the last five years. Click "Add Previous Address" button to add more sections (if applicable)
+ 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**.





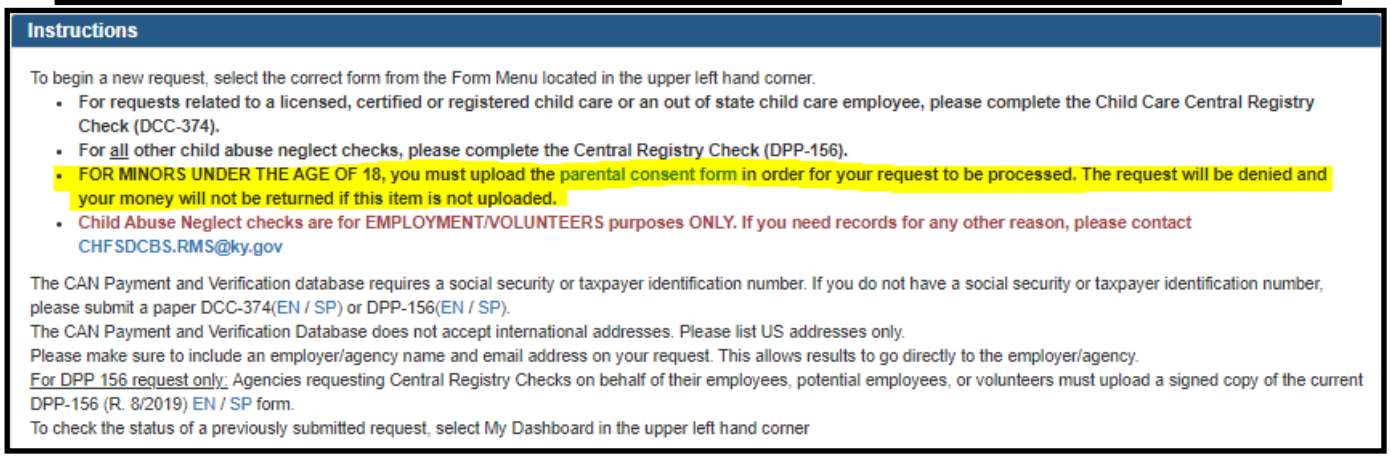


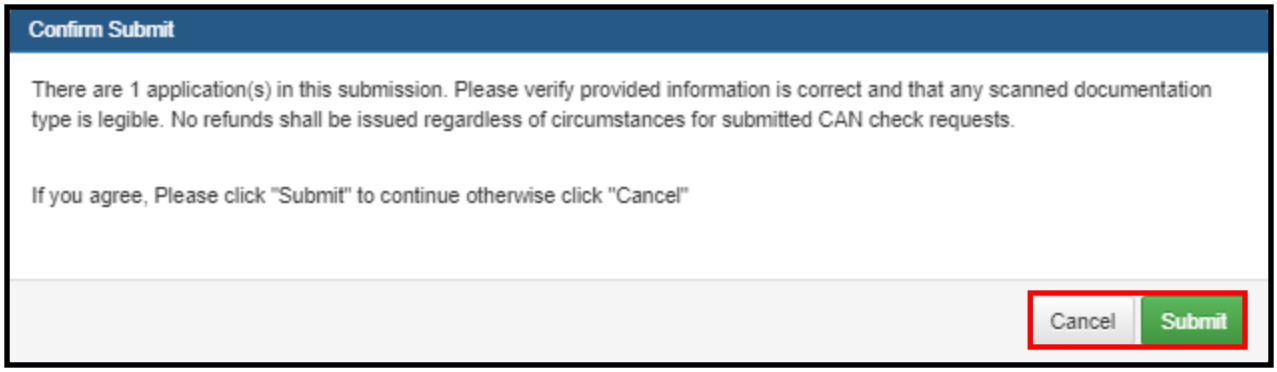
5. View/Upload Documents:

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**.







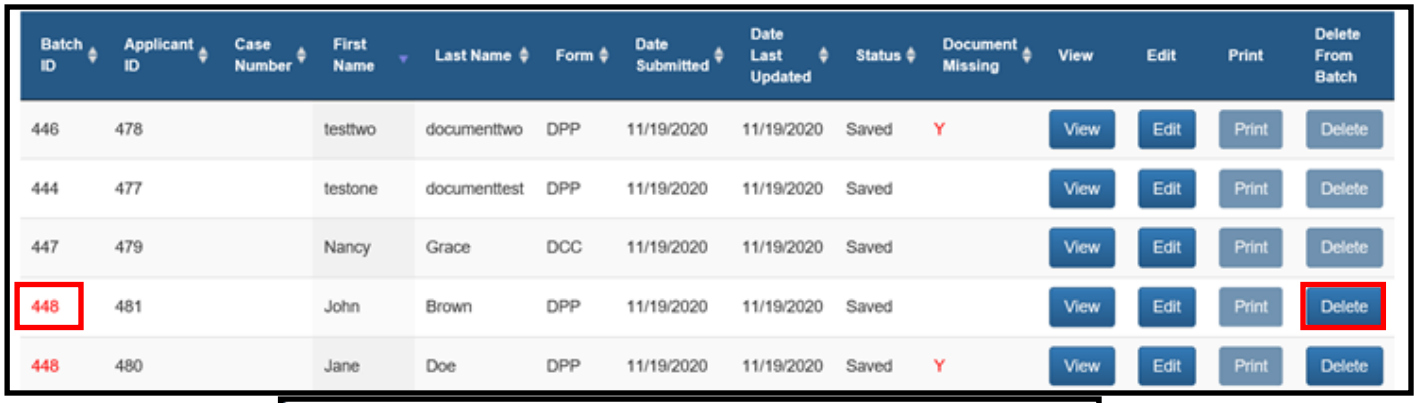
6. **Missing Documentation:** If there is any application that is **missing** the required documentation an **upload message** will display indicating which individual/individuals need documentation uploaded prior to submission.
    1. To **add** missing document to the request and resubmit.
        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 indicted by a red ***Y*** within the **Document Missing** column.



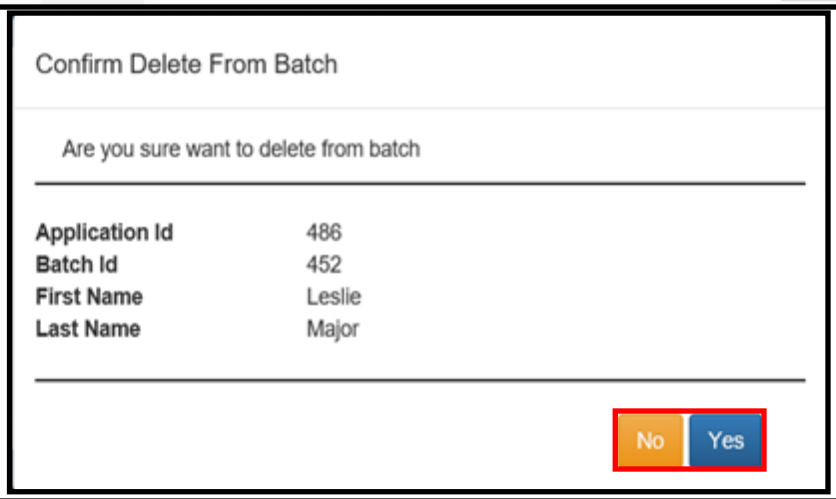


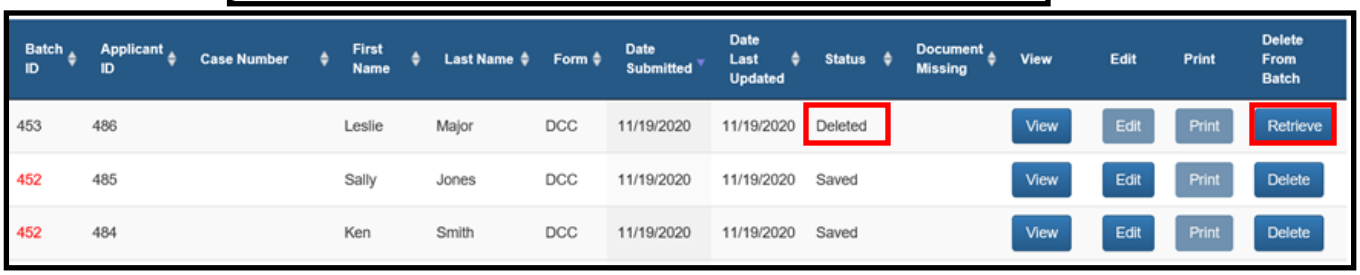
Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
446	478		testtwo	documenttwo	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete
444	477		testone	documenttest	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
447	479		Nancy	Grace	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

7. **Removing Individuals:**
    1. To **remove** an individual from a **Batch** that has been saved but not submitted follow these steps.
        1. Go to **My Dashboard**.
           *A request that you have created as a **Batch** submission will have the same **Batch ID** and will be highlighted in red.
        2. To **remove** one or more individuals from a **batch** with the status of **Saved**, click on **Delete** next to the individual you wish to remove. A **Confirm Delete** screen will populate. Select either **Yes or No**.
        3. **Repeat** until **all** individuals that need to be removed have been **removed**.
        4. Once all needed individuals have been removed, select **Edit** to **submit** the remaining individuals on the current batch and scroll to the bottom of the form and select **Submit**.
    2. An **Individual** that has been **deleted** from a **batch** will show on the grid with their own **Batch ID** with the status of **Deleted**.
        1. The request **may** be **submitted** on it's **own**.
            1. Click on **Retrieve** next to the Individual. A **Confirm Retrieve** screen will populate. Select either **Yes** or **No**.
            2. The **status** will now show as **Saved** rather than **Deleted**.
            3. To **submit** the request select either **View** or **Edit** and scroll to the bottom of the form and select **Submit**.

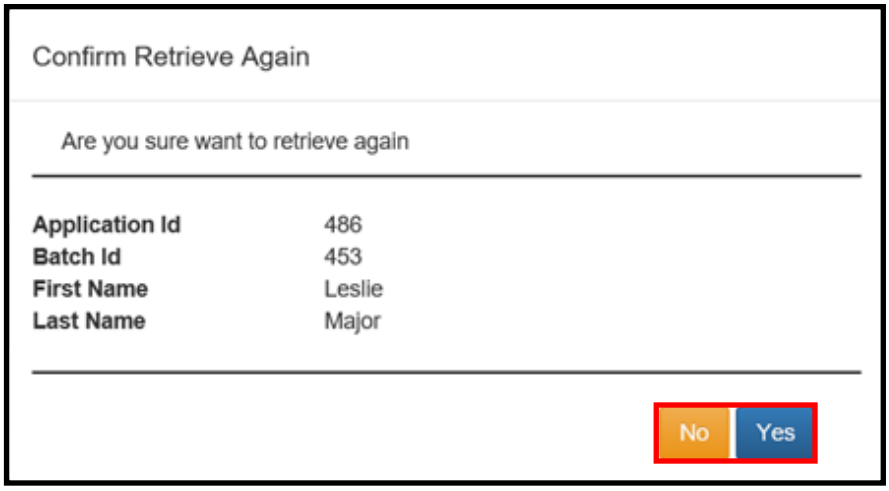


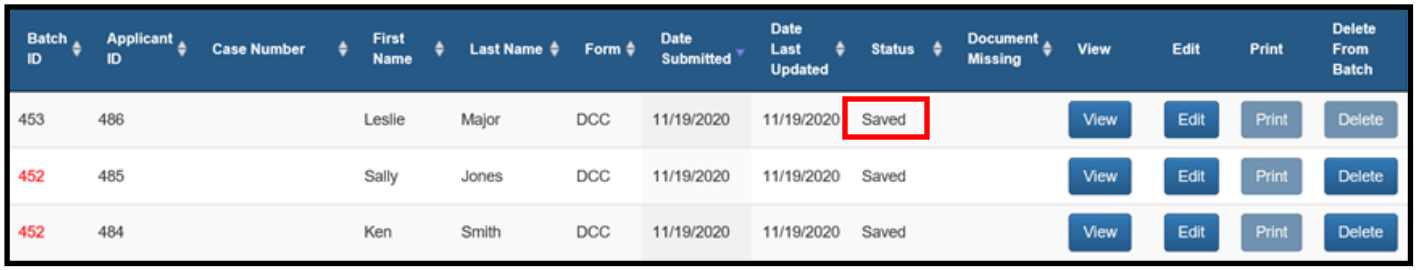
Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
446	478		testtwo	documenttwo	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete
444	477		testone	documenttest	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
447	479		Nancy	Grace	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
448	481		John	Brown	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
448	480		Jane	Doe	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete





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
453	486		Leslie	Major	DCC	11/19/2020	11/19/2020	Deleted		View	Edit	Print	Retrieve
452	485		Sally	Jones	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	484		Ken	Smith	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete





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
453	486		Leslie	Major	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	485		Sally	Jones	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	484		Ken	Smith	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

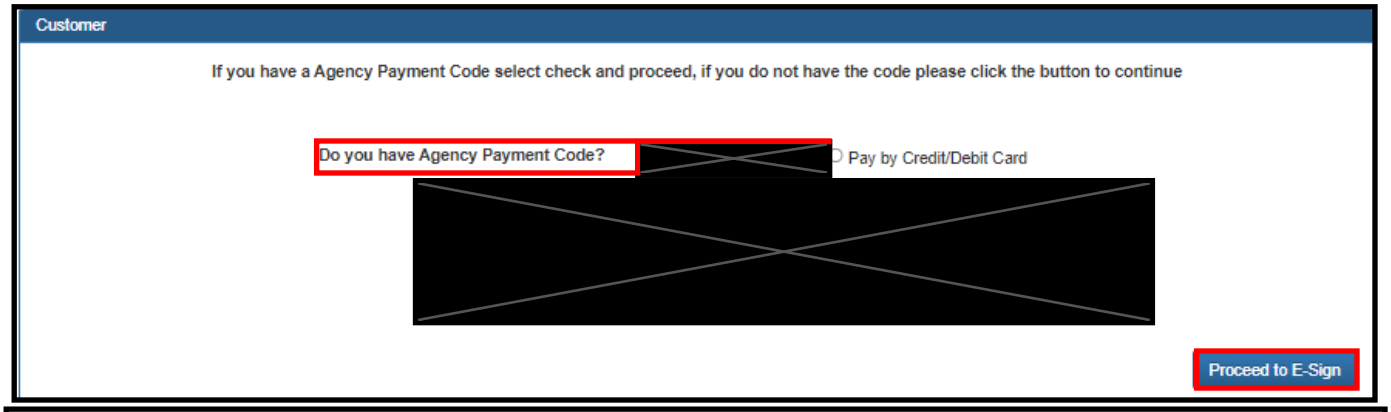
8. Payment:

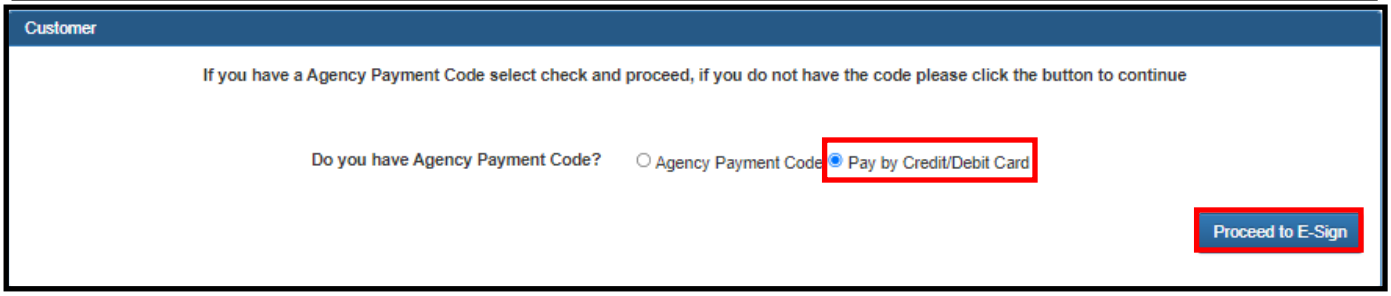
*Once the **DPP-156** [redacted] form is **submitted**, the **payment** screens will populate.

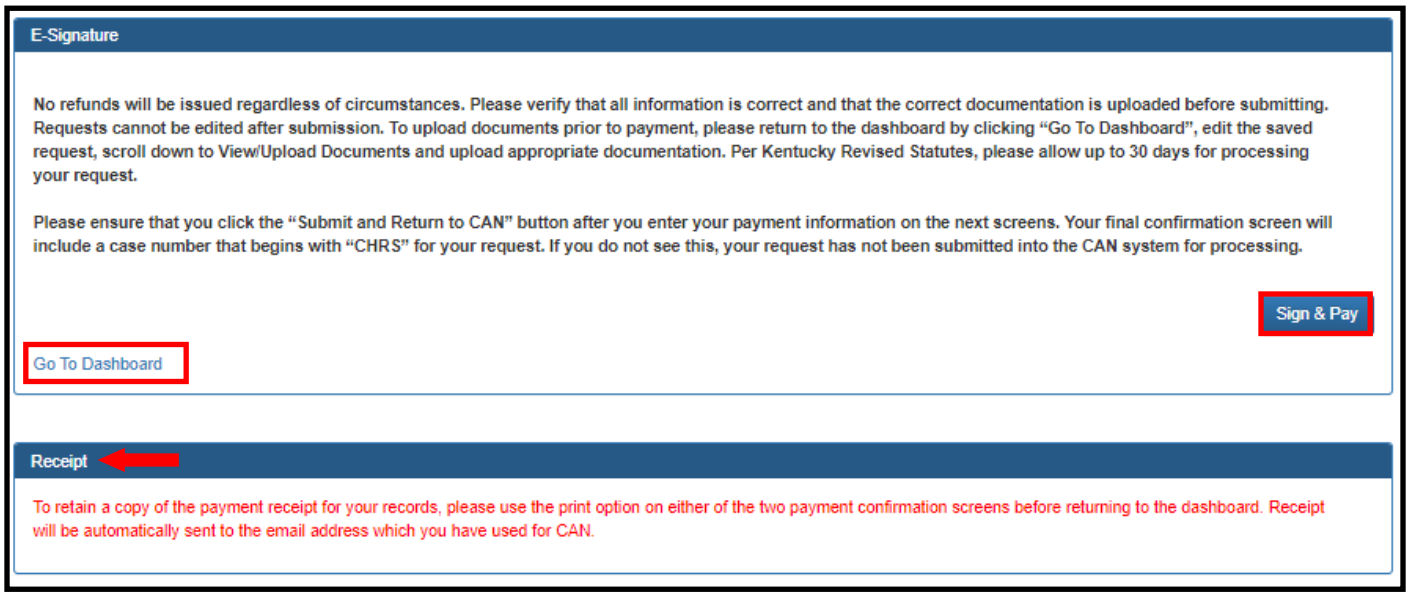
Please note that there will be no refunds given for any reason.

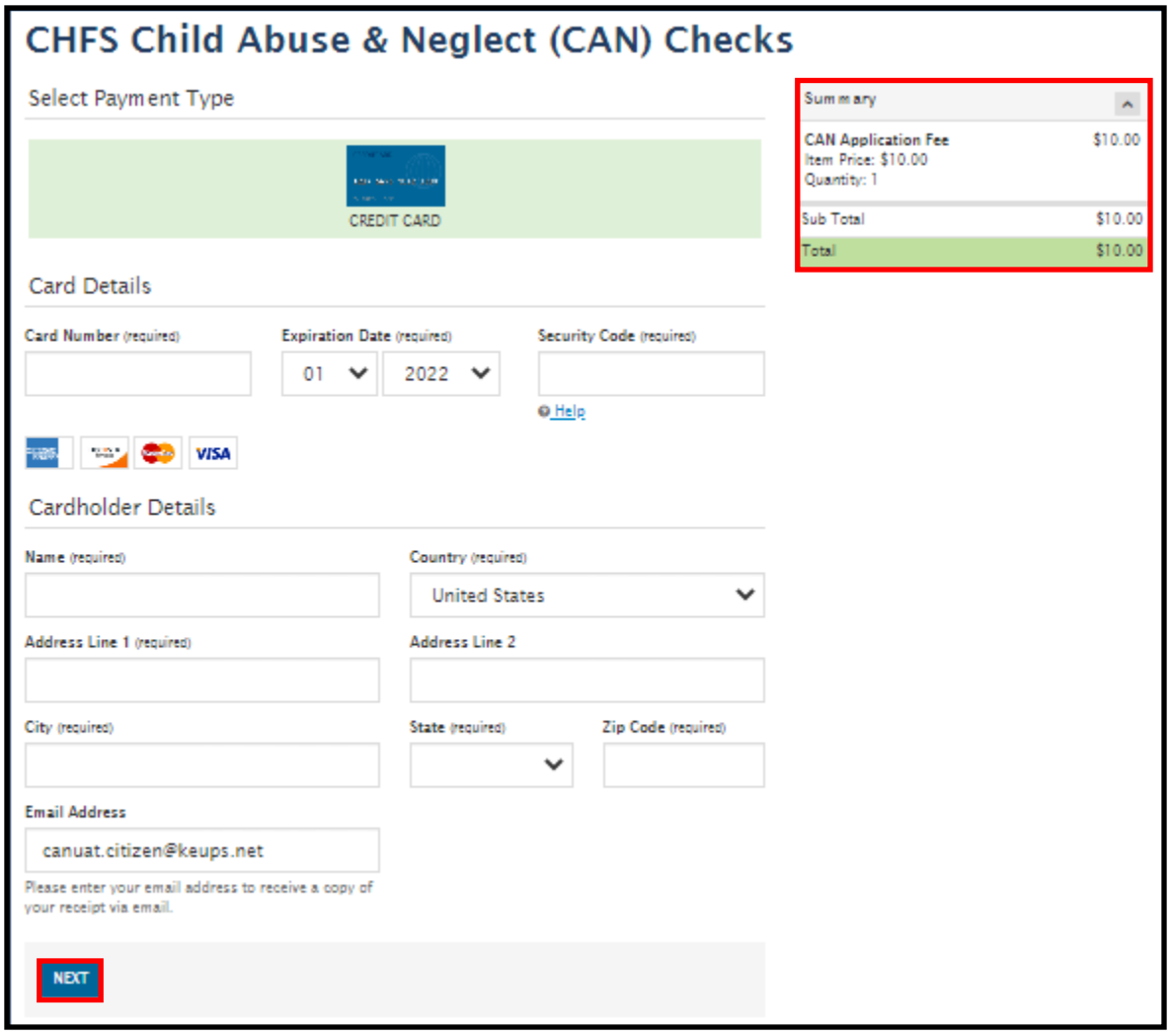
1. There are ***two*** options to complete the **Payment** process.
    1. **Agency Payment Code:** Select this option if you **belong** to a **specific organization** that has an **Agency Payment Code assigned** to them.
        1. If **Agency Payment Code** is selected, **Select the Customer Type** from the dropdown menu.
        2. Enter the **Agency Payment Code** associated with your organization.
        3. Click on **Proceed to E-Sign**.
    2. **Pay by Credit/Debit Card:** Select this option and **Proceed** to the **Payment Screen**.
        1. Click on **Proceed to E-Sign**
        2. The **E-Signature** page will populate. **Review** this page before clicking on **Sign & Pay**.
            *To **edit** or **upload** another document **prior to payment** click on **Go To Dashboard**.
        3. See the **Receipt** panel about **printing a copy** of your payment receipt for your records.
        4. Once **Sign & Pay** is selected you will be directed to the **Secure Payment** screen.
        5. Enter your **credit/debit card** information on the **Select Payment Type** screen.
            ***The fee is $10 per CAN check application**
        6. All fields are **required *except*** for **Address Line 2** and **Email Address**.
            ***A copy of your receipt will be emailed to you if an email address is provided.**
        7. Select **Next** to continue to the **Payment Overview**.
        8. Select **Pay Now** if all details are correct to **finalize** payment.
            ***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.**
        9. Click on **Complete Payment** and **Return to CAN** to complete payment and return to the CAN application dashboard.
            If Complete Payment and Return to CAN is not selected the application will not finish being submitted for review.
        10. 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.**
        11. The **status** of the request will be updated to **Submit**.

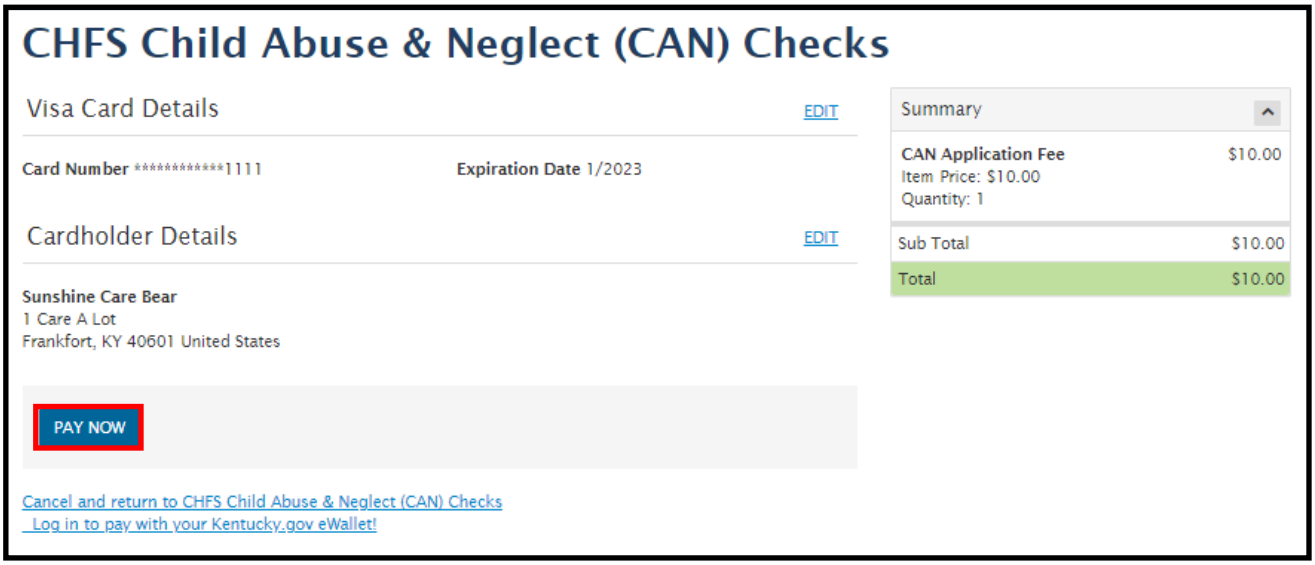
****Note—Please allow up to 30 days for processing. When your results are complete you will receive a confirmation email at the address on file and you can return to your dashboard to view/print the results.****

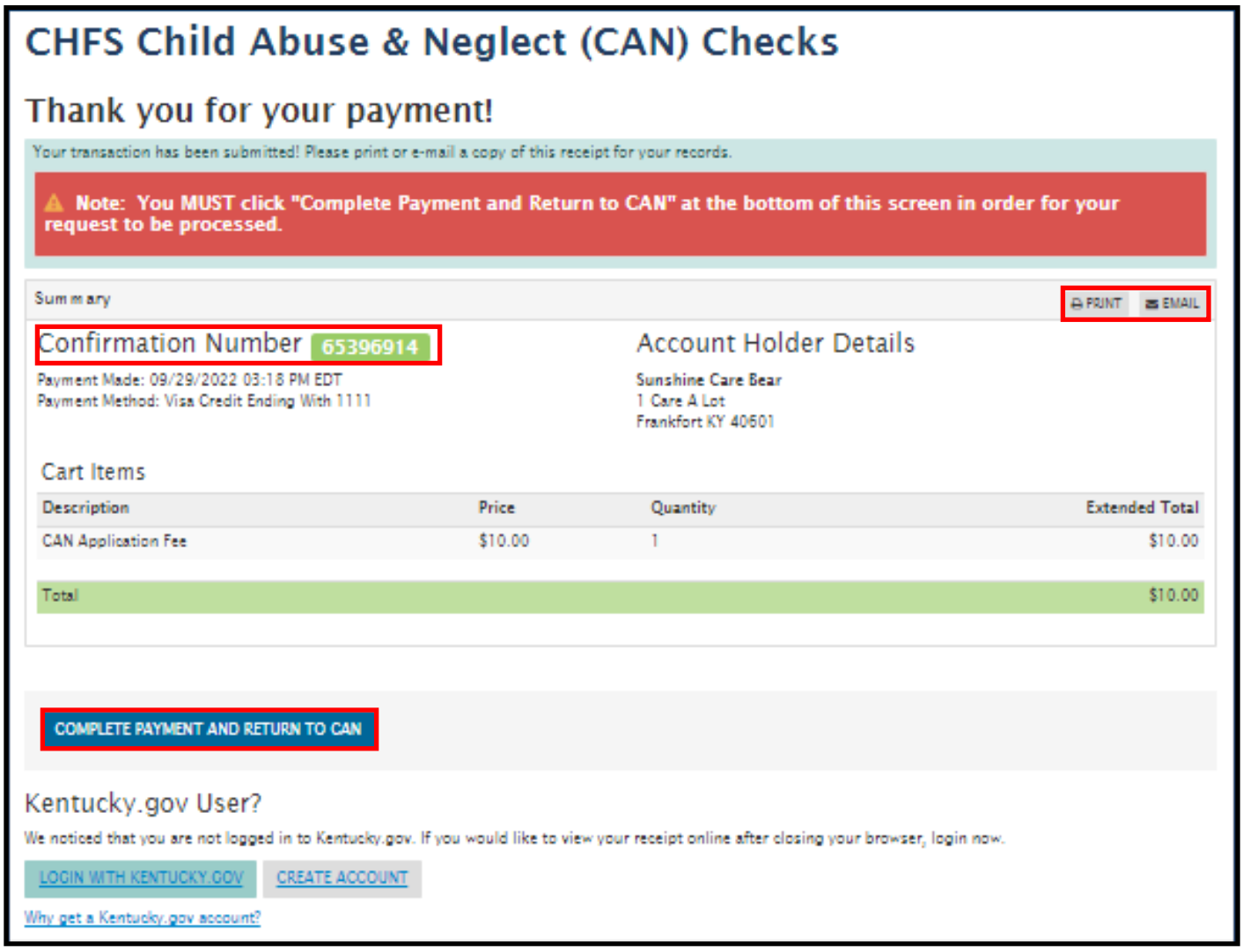


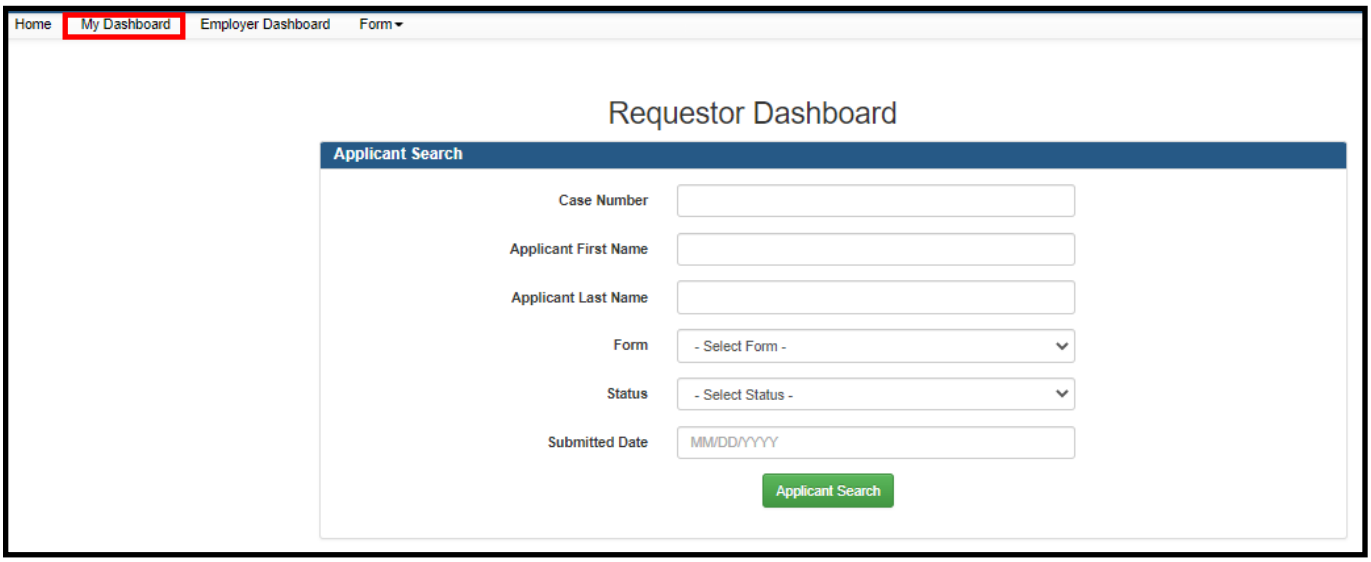



E-Signature
No refunds will be issued regardless of circumstances. Please verify that all information is correct and that the correct documentation is uploaded before submitting. Requests cannot be edited after submission. To upload documents prior to payment, please return to the dashboard by clicking "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.
Sign & Pay
Go To Dashboard
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.


CHFS Child Abuse & Neglect (CAN) Checks
Select Payment Type
CREDIT CARD
Summary
CAN Application Fee $10.00
Item Price: $10.00
Quantity: 1
Sub Total $10.00
Total $10.00
Card Details
Card Number (required)
Expiration Date (required)
01
2022
Security Code (required)
Help
VISA
Cardholder Details
Name (required)
Country (required)
United States
Address Line 1 (required)
Address Line 2
City (required)
State (required)
Zip Code (required)
Email Address
canuat.citizen@keups.net
Please enter your email address to receive a copy of your receipt via email.
NEXT


CHFS Child Abuse & Neglect (CAN) Checks
Visa Card Details
EDIT
Card Number **********1111
Expiration Date 1/2023
Cardholder Details
EDIT
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!
Summary
CAN Application Fee
Item Price: $10.00
Quantity: 1
$10.00
Sub Total
$10.00
Total
$10.00


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
PRINT
EMAIL
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
Cart Items
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?

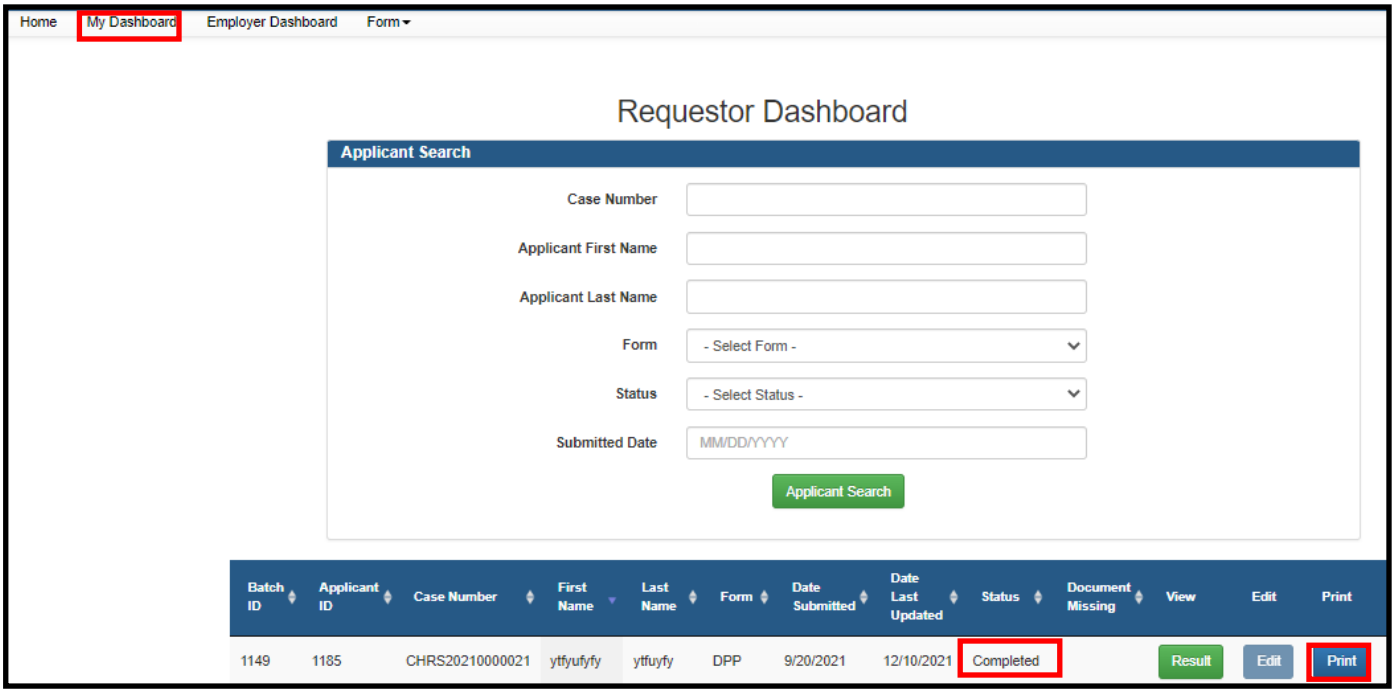


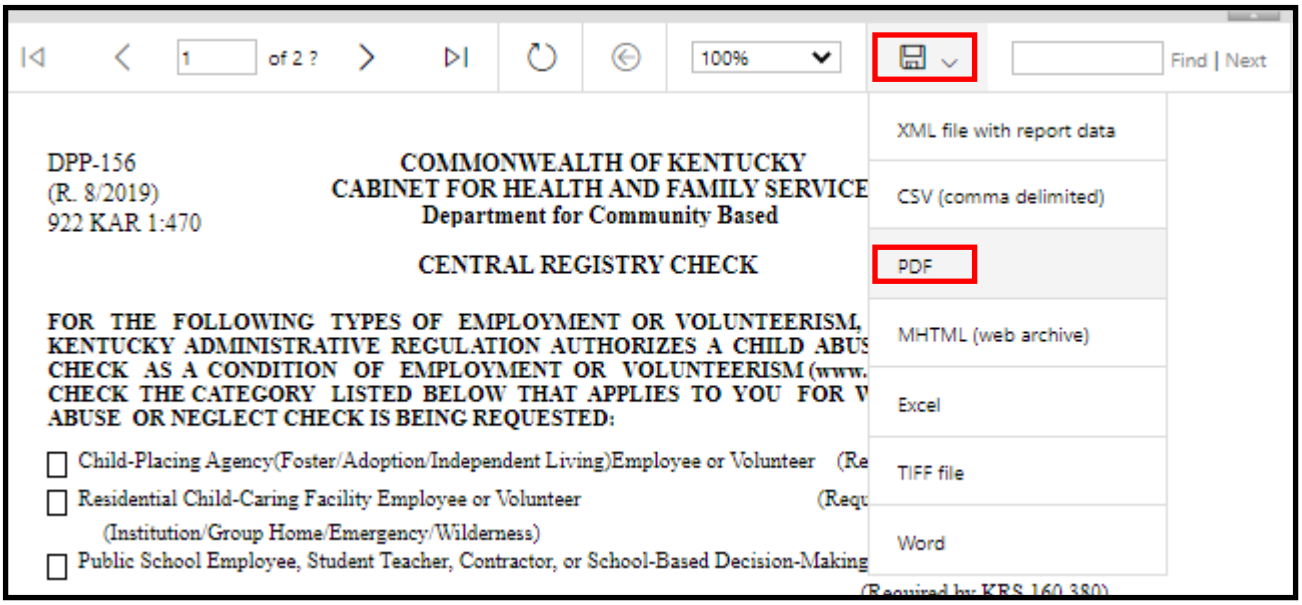


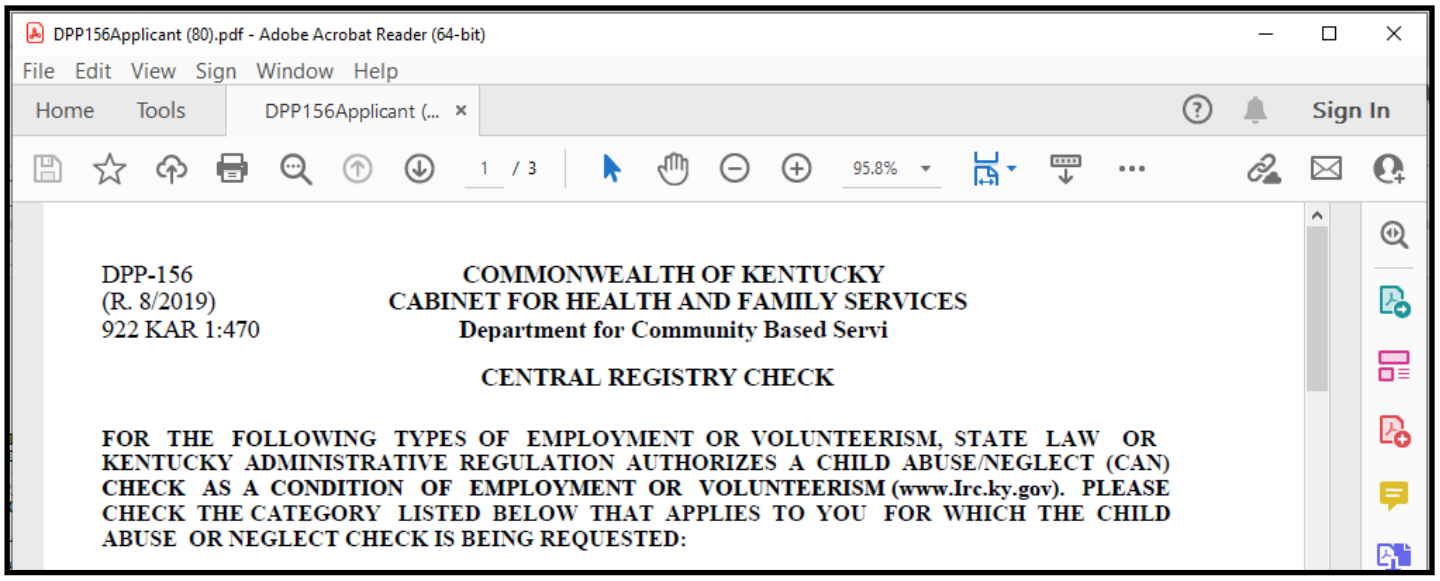
9. Printing/Saving:

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.



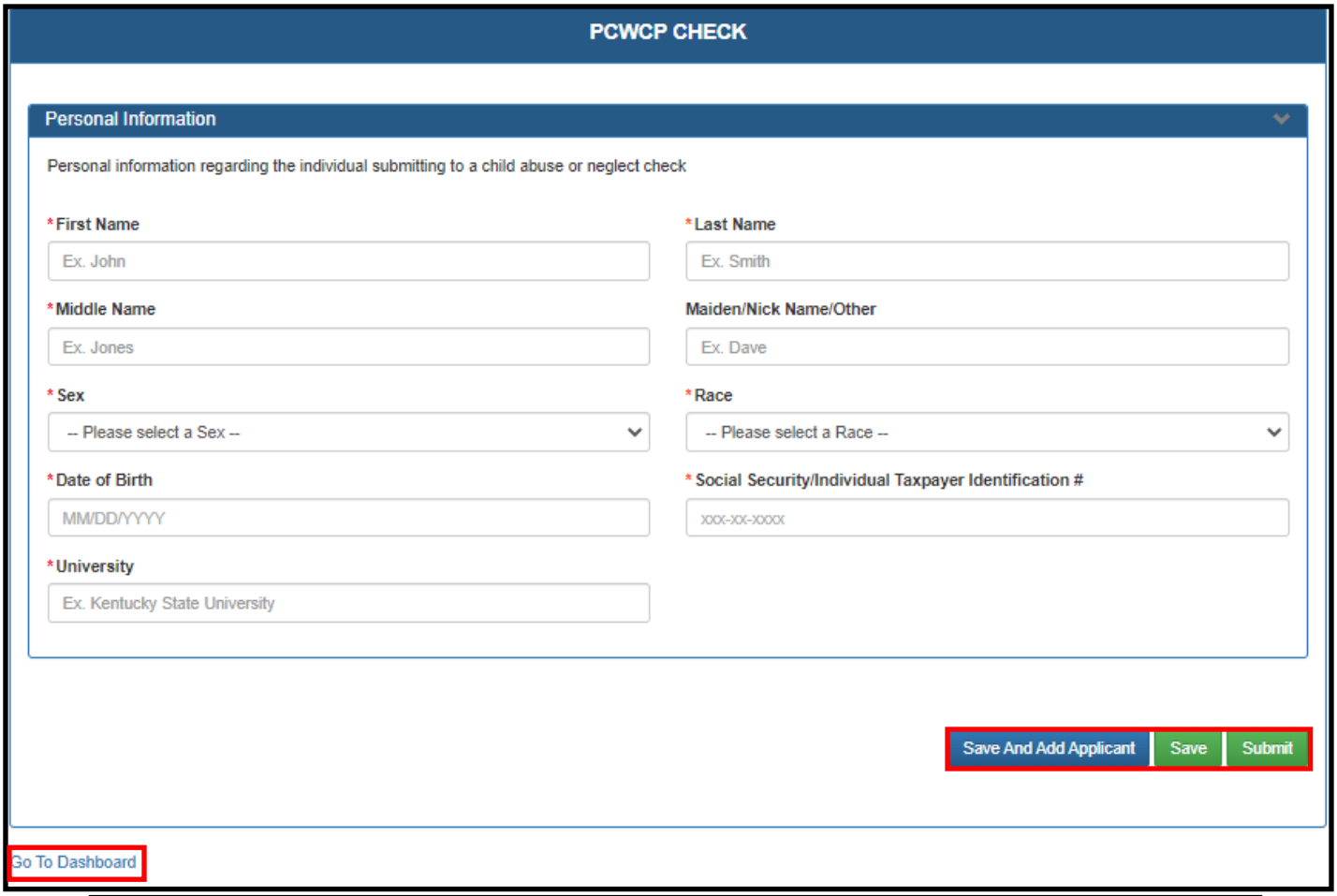


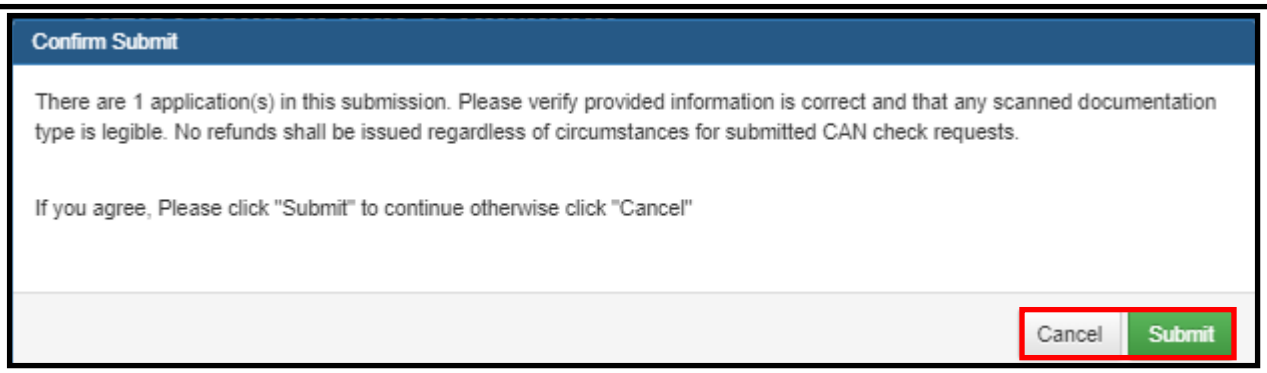


2.2.2.3 Public Child Welfare Worker Certification Program (PCWCP)

1. Personal Information:

1. **Complete all** fields under the **Personal Information** panel in order to **submit** the **PCWCP** form for **Admission to the Program**.
2. **All** fields are **mandatory *except* Maiden/Nick Name/Other**.
3. If you do **not** have a **Social Security** or **Taxpayer Identification** number, please **enter** all **9s** in the **SSN** field.
4. Once all **personal information** is complete, **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**.
5. If you wish to **leave** the **PCWCP** screen click on **Go To Dashboard**.
6. To **add missing documents** see **Section 6. Missing Documents page 10**.
7. To **remove an individual** from a **Batch ID** see **Section 7. Removing Individuals page 10**.





2. Payment:

*Once the **PCWCP** form is **submitted**, the **payment** screens will populate.

Please note that there will be no refunds given for any reason.

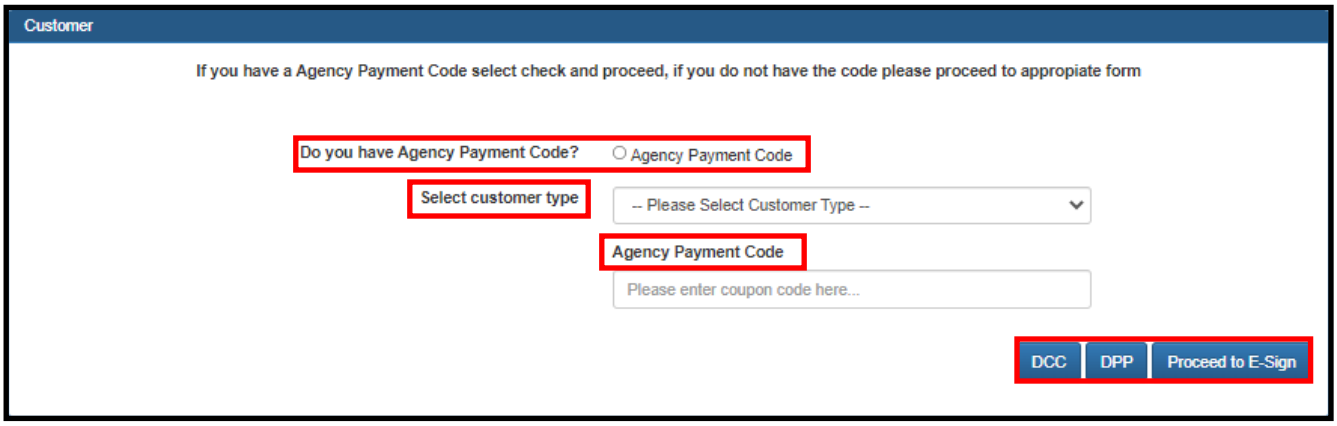
If you do not have an Agency Payment Code, Select the appropriate form to complete for a CAN check.

1. **Agency Payment Code:** Select this option if you **belong** to a **specific organization** that has an **Agency Payment Code assigned** to them.
    1. If **Agency Payment Code** is selected, **Select the Customer Type** from the dropdown menu.
    2. Enter the **Agency Payment Code** associated with your organization.
    3. Click on **Proceed to E-Sign**.
2. The **E-Signature** page will populate. **Review** this page before clicking on **Sign & Pay**.
3. 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.

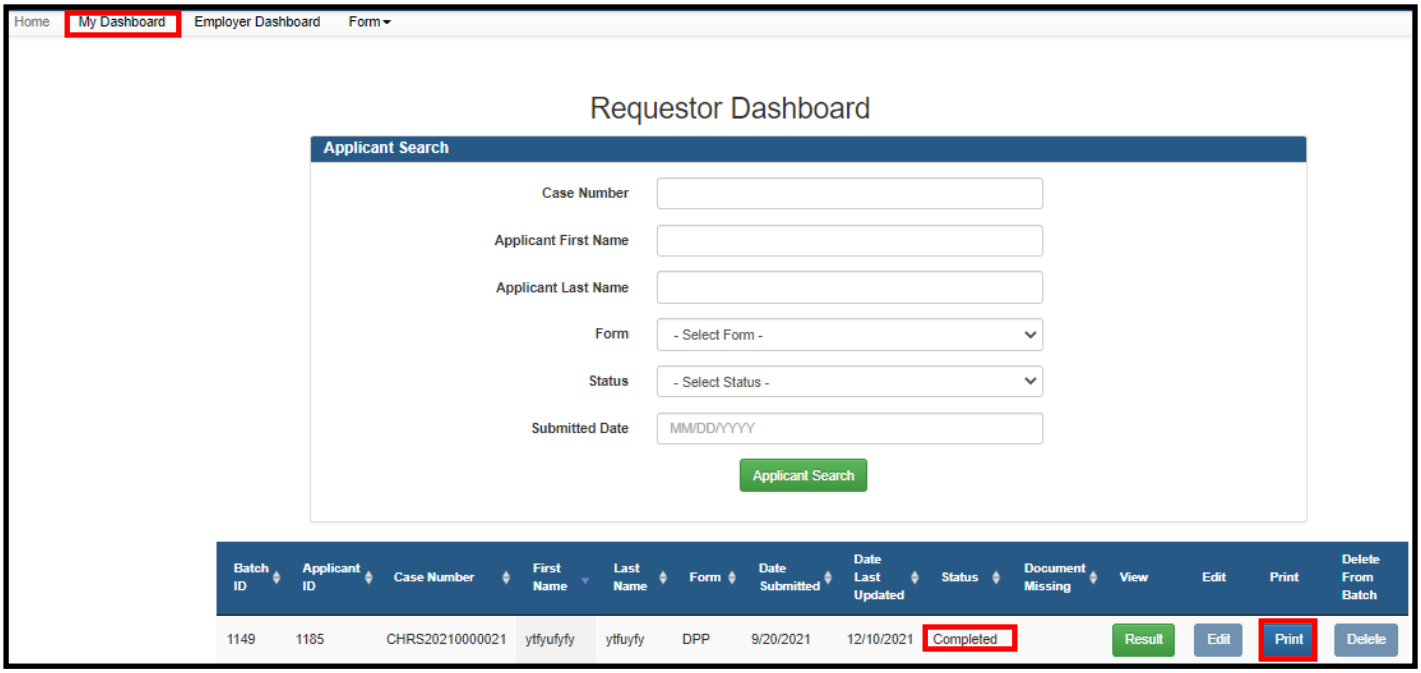
4. The **status** of the request will be updated to **Submit**.

****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.****



2.3 Requester Dashboard (My Dashboard):

1. The **Requester Dashboard** contains a **list** of the **CAN** checks **requested** by the **Account Holder**.
2. It **Displays** the **Case Number, Individual's first and last name, the Form Type (DCC, DPP or PCWCP), Date submitted, the date of last update, the CAN check Status** and the options to **View, Edit, Print** and **Delete**.
3. Once a **CAN** check application is **submitted** the **Status** will change from **Saved** to **Submitted**.
4. Once a **CAN** check application is **in process** the **Status** will change from **Submitted** to **Under Review**.
5. Once a **CAN** check application is **complete** the **Status** will change from **Under Review** to **Completed**.
6. If a **CAN** check application is **canceled** the **Status** will change from **Under Review** to **Canceled**.
   If the application is canceled a New Application will need to be completed and submitted.
7. To **Print** and **Save** as a **PDF** the completed results, see **Section 9. Printing/Saving page 15**.



2.4 Employer Dashboard:

1. The **Employer Dashboard** contains a **list** of **CAN** check applications that **requested** a copy be **shared** with the **Employer** as well as the **Applicant**.
2. An **application** that is **listed** here, an **Applicant entered** the **Email Address** under the **Employer/Agency Information** section on **their application**.
3. It **Displays** the **Case Number, Individual's first and last name, the Form Type (DCC, DPP or PCWCP), Date submitted, the date of last update, the CAN check Status** and the options to **View** and **Print**.
4. Once an **application** has been **submitted,** that **entered** the **Email Address** of the **Employer/Agency**, that application will **display** with the **status** of **Submitted**.
5. Once the **application** is **complete** the **Status** will **change** from **Submitted** to **Canceled** or **Completed**.
6. The **results** can now be **viewed, saved and/or printed**.

   If the application is canceled a New Application will need to be completed and submitted.
7. To **Print** and **Save** as a **PDF** the completed results, see **Section 9. Printing/Saving page 15**.

