



**Thank you registering for the
myDHR CPS Background Portal**





CPS Employee Background Clearance Portal

Training Slide Deck – Child Placement Agency



Please review the following checklist to ensure successful navigation withing the CPS Portal

System Check

- The Portal applications can only be process on a tablet, laptop or, desktop computer. Application cannot be processed on a cell phone.
- Turn off Pop-up Blocker (required to download applications)
- Access to the portal using Google Chrome or Microsoft Edge
- Make sure that your Internet connection is secured (https://)

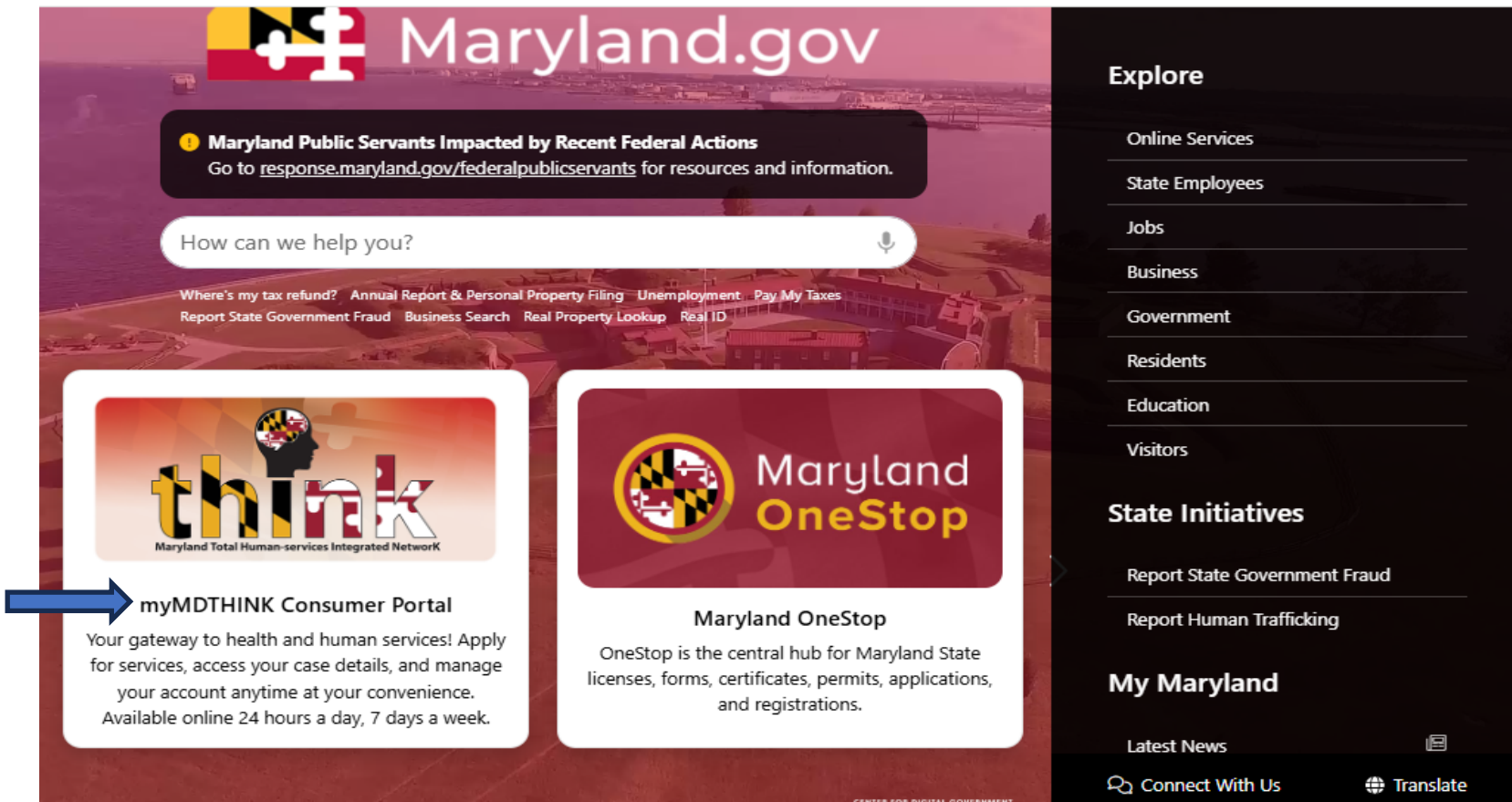


Enter

<https://www.maryland.gov/Pages/default.aspx>.

Select myMDTHINK Consumer Portal

<https://www.maryland.gov/Pages/default.aspx>



Maryland.gov

! Maryland Public Servants Impacted by Recent Federal Actions
Go to response.maryland.gov/federalpublicservants for resources and information.

How can we help you?

Where's my tax refund? Annual Report & Personal Property Filing Unemployment Pay My Taxes
Report State Government Fraud Business Search Real Property Lookup Real ID

myMDTHINK Consumer Portal
Your gateway to health and human services! Apply for services, access your case details, and manage your account anytime at your convenience. Available online 24 hours a day, 7 days a week.

Maryland OneStop
OneStop is the central hub for Maryland State licenses, forms, certificates, permits, applications, and registrations.

Explore

- Online Services
- State Employees
- Jobs
- Business
- Government
- Residents
- Education
- Visitors

State Initiatives

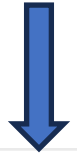
- Report State Government Fraud
- Report Human Trafficking


My Maryland

Latest News

Connect With Us Translate

Navigate to the myMDTHINK Page - Click Sign In





[Maryland State Jobs](#)
[Español](#)

WELCOME TO

myMDTHINK

[Create Account](#)
[Sign In](#)

[Home](#)
[Department of Human Services](#)
[Department of Health](#)
[Maryland Health Connection](#)
[Find a Local Office](#)
[Translated Forms](#)
[Help](#)

[Replace my EBT Stolen Benefits](#)
[Apply for Maryland SUN Bucks](#)

Announcements

- [myMDTHINK Has A New Look and Feel!](#)
- [Updated, Easy-to-Use Benefits Screener Now Available!](#)
- [SUN Bucks Application Alert!](#)
- [Expungement/Expiration Alert!](#)
- [myMDTHINK Account Registration Updates](#)
- [See all Announcements](#)

What help can I get?

Learn about the benefits you may qualify for in just five minutes. You'll need some basic information about the people in your household, their incomes, and your household costs.

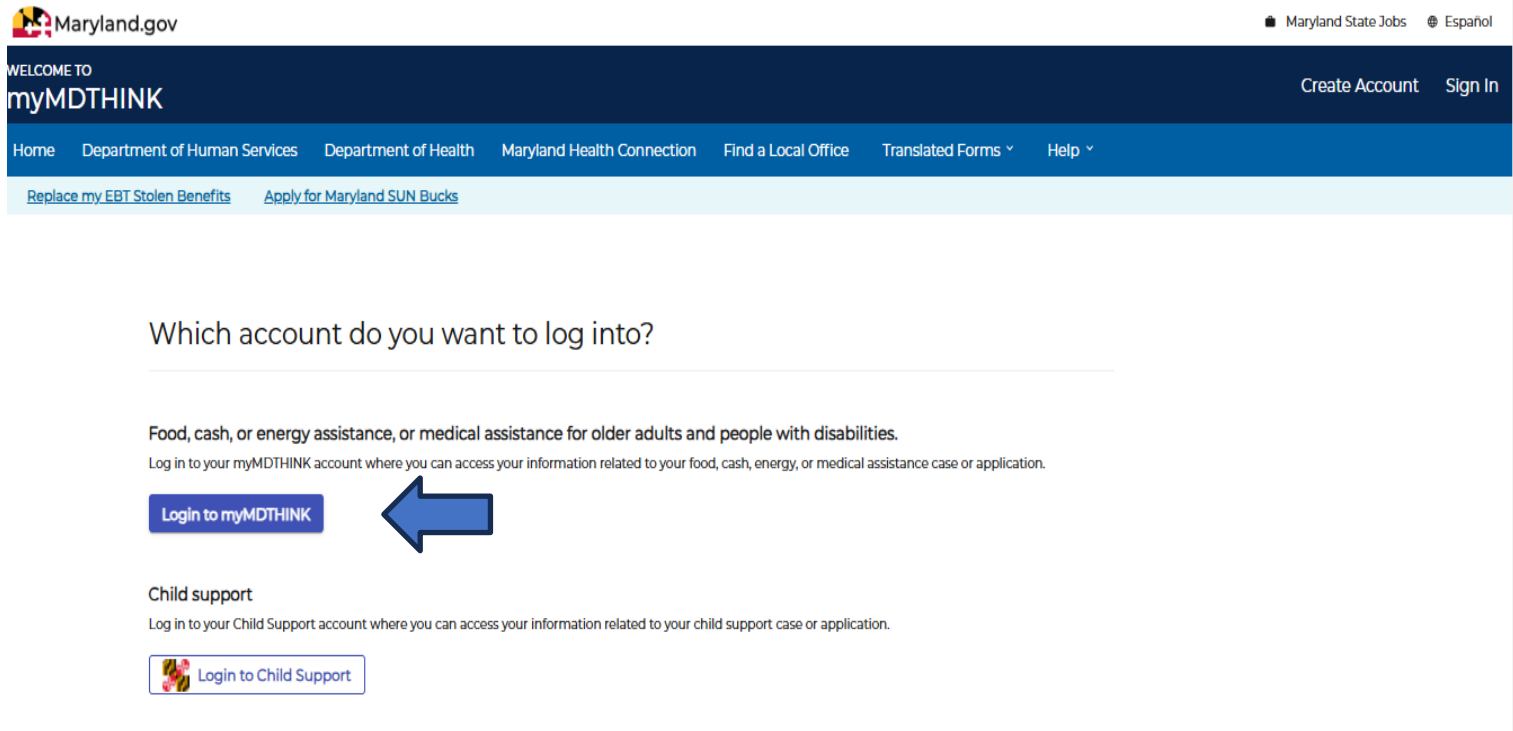
[Check Eligibility](#)

Apply for benefits

You can now apply for multiple benefits at once. You'll need specific information about all people, incomes, and costs for your household.

[Apply Now](#)

Select the “Login tomyMDTHINK” button



The screenshot shows the Maryland.gov website with the myMDTHINK login interface. The header includes the Maryland.gov logo, navigation links for Maryland State Jobs and Español, and a welcome message. The main content area asks "Which account do you want to log into?" and provides two options: "Food, cash, or energy assistance, or medical assistance for older adults and people with disabilities" and "Child support". A blue arrow points to the "Login to myMDTHINK" button.

Maryland.gov

WELCOME TO myMDTHINK

Home Department of Human Services Department of Health Maryland Health Connection Find a Local Office Translated Forms Help

[Replace my EBT Stolen Benefits](#) [Apply for Maryland SUN Bucks](#)

Which account do you want to log into?

Food, cash, or energy assistance, or medical assistance for older adults and people with disabilities.
Log in to your myMDTHINK account where you can access your information related to your food, cash, energy, or medical assistance case or application.

[Login to myMDTHINK](#)

Child support
Log in to your Child Support account where you can access your information related to your child support case or application.

[Login to Child Support](#)

Enter Email Address and Password and “Sign In”

Login to Your Account

Username:

Password:



[I've forgotten my password](#)

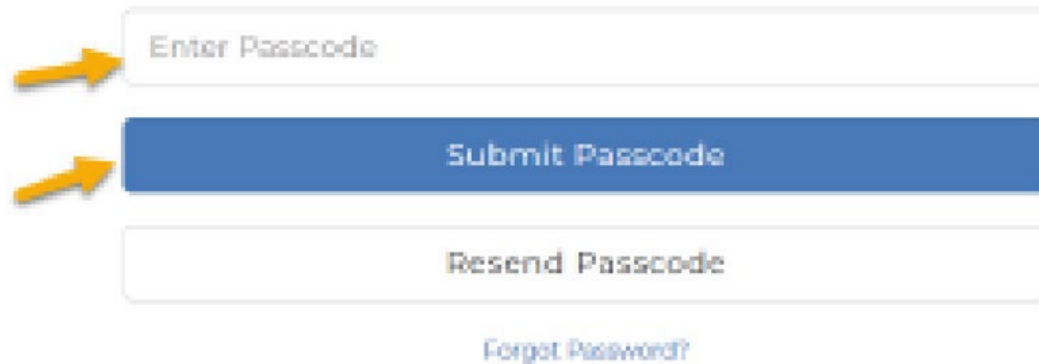
SIGN IN



[Create an account](#)

[Sign-In Help Videos](#)

A passcode may be sent to your email inbox. Enter the Passcode and submit the passcode.



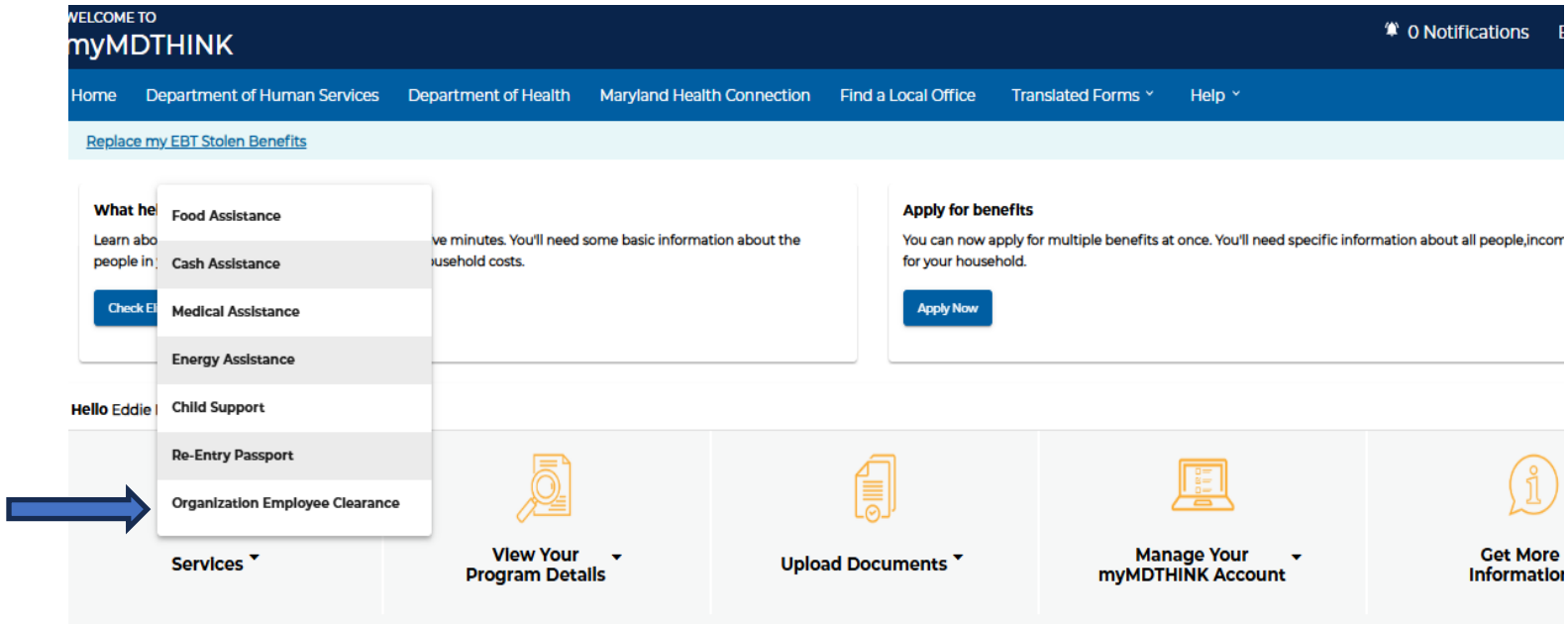
Enter Passcode

Submit Passcode

Resend Passcode

[Forgot Password?](#)

Under Services, click on “Organization Employee Clearance”



WELCOME TO myMDTHINK

0 Notifications

Home Department of Human Services Department of Health Maryland Health Connection Find a Local Office Translated Forms Help

[Replace my EBT Stolen Benefits](#)

What help do you need?
Learn about the benefits available to you and your family. It takes a few minutes. You'll need some basic information about the household costs.

[Check Eligibility](#)

Apply for benefits
You can now apply for multiple benefits at once. You'll need specific information about all people, income, and expenses for your household.

[Apply Now](#)

Hello Eddie!

Services ▾

- Food Assistance
- Cash Assistance
- Medical Assistance
- Energy Assistance
- Child Support
- Re-Entry Passport
- Organization Employee Clearance**

View Your Program Details ▾

Upload Documents ▾

Manage Your myMDTHINK Account ▾

Get More Information

Upon submitting the passcode, the Landing Page opens. Select “New Application”.

Hello, [REDACTED]

Welcome to your personal CPS Page. Use the helpful features below to manage your account, apply for DHR services, monitor your case status(es), manage your case activity, and more!

Home

New Application

Account

Open New Application link

Year

All Years

Statistics

Export

Status: *

All

Year End: *

2023

First Name:

First Name

Last Name:

Last Name

DHR processed:

Please Select One

Control #:

Control #

Organization Name:

Organization Name

SEARCH

Reset

Control# ? First Name ? Last Name ? Organization Name ? Type ? Status ? Date ? #of Days ? DHR processed ? Actions

In section B Check Your Agency Type (“DHS Child Placement Agency”). Select County, City, and Agency Name. The remaining fields will pre-populate from your profile.

State of Maryland-Child Protective Services Program
 CONSENT FOR RELEASE OF INFORMATION
 CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 1: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- ☐ 1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.
☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- | | | |
|---|--|---|
| <input type="radio"/> Adoption* | <input type="radio"/> CASA | <input type="radio"/> Youth Camp Personnel Administrator* |
| <input type="radio"/> Foster Care | <input type="radio"/> Custody Evaluation | <input type="radio"/> Youth Camp Worker/Volunteer* |
| <input type="radio"/> Kinship Care | <input type="radio"/> Day Care Center | <input type="radio"/> Individual Clearance* |
| <input type="radio"/> International Adoption | <input type="radio"/> Family Day Care | <input type="radio"/> Other (Specify) |
| <input type="radio"/> School Personnel* | <input type="radio"/> Community Mgmt. Entity | |
| <input type="radio"/> Institutional Employee* | <input checked="" type="radio"/> DHS Child Placement Agency* ← | |

County *

City *

Agency/Individual Name *

Name Of Agency Representative

Agency Address

Representative's Phone Number

Representative's Email

Have you lived in Maryland in the past? ☒ Yes ☐ No

Have you worked or volunteered in Maryland in the past? ☐ Yes ☐ No

If Yes to either question, from what years

The response for the remaining application refer to the Applicant

County *

City *

Agency/Individual Name *

Name Of Agency Representative

Agency Address

Representative's Phone Number

Representative's Email

Applicant's response

Applicant's response

Have you lived in Maryland in the past? ☒ Yes ☐ No

Have you worked or volunteered in Maryland in the past? ☐ Yes ☐ No

If Yes to either question, from what years

Applicant must indicate what years for the previous Yes response.

Back Next

Select "Next to advance to page 2.

Complete All of the fields that apply

State of Maryland-Child Protective Services Program
CONSENT FOR RELEASE OF INFORMATION
 CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 2: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME * <input type="text" value="Last Name"/> <small>Last Name is required</small>	FIRST NAME * <input type="text" value="First Name"/> <small>First Name is required</small>	MIDDLE NAME (Full) <input type="text" value="Middle Name"/>	MAIDEN/BIRTH NAME <input type="text" value="Maiden/Birth Name"/>
SOCIAL SECURITY NUMBER * <input type="text" value="Social Security Number"/>	<input type="checkbox"/> I don't have SSN		
Date Of Birth * <input type="text" value="MM/DD/YYYY"/>	Gender <input type="text" value="Please Select One..."/>	RACE * <input type="text" value="Please Select One..."/> <small>Race is required</small>	
OTHER NAMES USED <input type="text" value="Other Names"/>			
NUMBER <input type="text" value="Num#"/>	STREET NAME * <input type="text" value="Street Name"/>	UNIT TYPE# <input type="text" value="Unit Type:#"/>	CITY * <input type="text" value="City"/>
STATE * <input type="text" value="Maryland"/>	ZIP CODE * <input type="text" value="Zip Code"/>		COUNTRY * <input type="text" value="United States"/>
DAYTIME TELEPHONE NUMBER * <input type="text" value="Phone"/>		EMAIL ADDRESS * <input type="text" value="Email Address"/>	

NOTE: If you do not have a Social Security Card check the “don’t have SSN” box, select the available document from the Document Type, scan and add the document with file name of the uploaded document type.

State of Maryland-Civil Protection Services Bureau
CONSENT FOR RELEASE OF INFORMATION
 CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 2: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME * <input type="text"/> <small>Last Name is required</small>	FIRST NAME * <input type="text"/> <small>First Name is required</small>	MIDDLE NAME (Full) <input type="text"/> <small>Middle Name</small>	MAIDEN/BIRTH NAME <input type="text"/> <small>Maiden/Birth Name</small>
SOCIAL SECURITY NUMBER <input type="text"/>	<input checked="" type="checkbox"/> don't have SSN:	Document Type * <div style="border: 1px solid black; padding: 5px;"> Please Select One... Please Select One... Birth Certificate Employment Authorization Document (EAD) for H766 Government issued identification providing proof of identity and age Letter from the Department of Social Services handling your case Passport Proof of Social Security ReadID Unaccompanied Minor/Undocumented Person Letter from Homeland Security Other Address </div>	File Upload * <input type="button" value="Add"/>
Date Of Birth * <input type="text"/>	Gender <input type="text"/>		
OTHER NAMES USED <input type="text"/>			
NUMBER <input type="text"/>	STREET NAME * <input type="text"/>		
STATE * <input type="text"/>	ZIP CODE * <input type="text"/>		
DAYTIME TELEPHONE NUMBER * <input type="text"/>			
Are you married? * <input type="radio"/> Yes <input type="radio"/> No <small>This always question is required</small>			
Do you have any children? * <input type="radio"/> Yes <input type="radio"/> No <small>This always question is required</small>			

PRIOR ADDRESSES (List all within the past 7 years in Maryland)

Acceptable documents in lieu of a Social Security Card:

- Birth Certificate
- Employment Authorization Document (AED) for I-766
- Government Issued Identification providing proof of identity and age
- Letter from the Department of Social Security handling your case
- Passport
- Proof of Social Security
- Real ID
- Unaccompanied Minor/Unaccompanied Person Letter from Homeland Security

Marital Status:

- If the Applicant is married the following information must be provided:

Are you married? ☒ Yes ☐ No

CURRENT SPOUSE

LAST NAME *

Last Name

FIRST NAME *

First Name

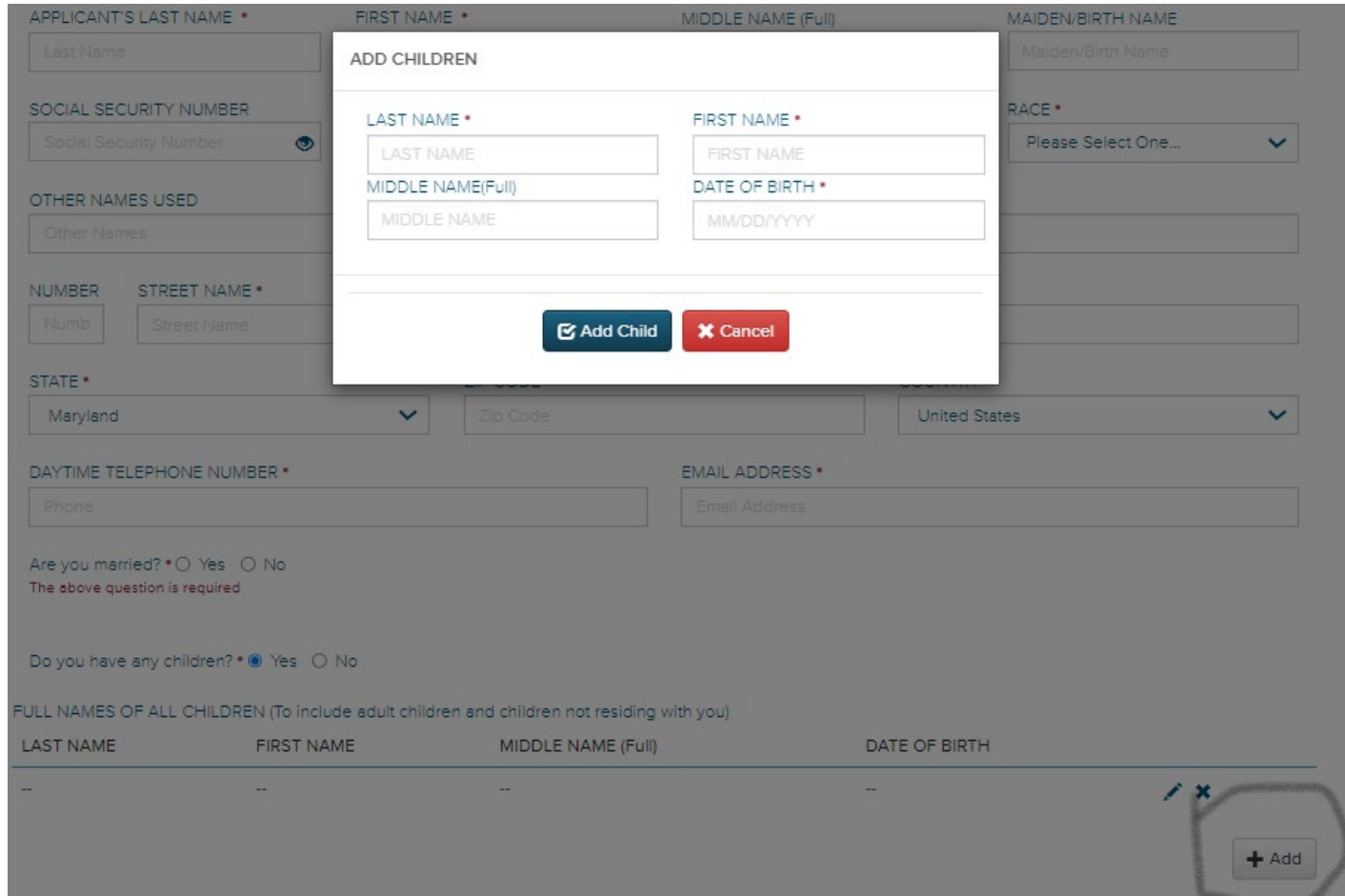
MIDDLE NAME (Full)

Middle Name

DATE OF BIRTH *

MM/DD/YYYY

If the Applicant respond “Yes” to having children, select the +Add button and enter the Full Name and Date of Birth for each child



ADD CHILDREN

LAST NAME * FIRST NAME *
 LAST NAME FIRST NAME
 MIDDLE NAME (Full) DATE OF BIRTH *
 MIDDLE NAME MM/DD/YYYY

☒ Add Child ☐ Cancel

APPLICANT'S LAST NAME * FIRST NAME * MIDDLE NAME (Full) MAIDEN/BIRTH NAME
 Last Name Maiden/Birth Name

SOCIAL SECURITY NUMBER
 Social Security Number

OTHER NAMES USED
 Other Names

NUMBER STREET NAME *
 Numb Street Name

STATE *
 Maryland Zip Code United States

DAYTIME TELEPHONE NUMBER * EMAIL ADDRESS *
 Phone Email Address

Are you married? * ☐ Yes ☐ No
 The above question is required

Do you have any children? * ☒ Yes ☐ No

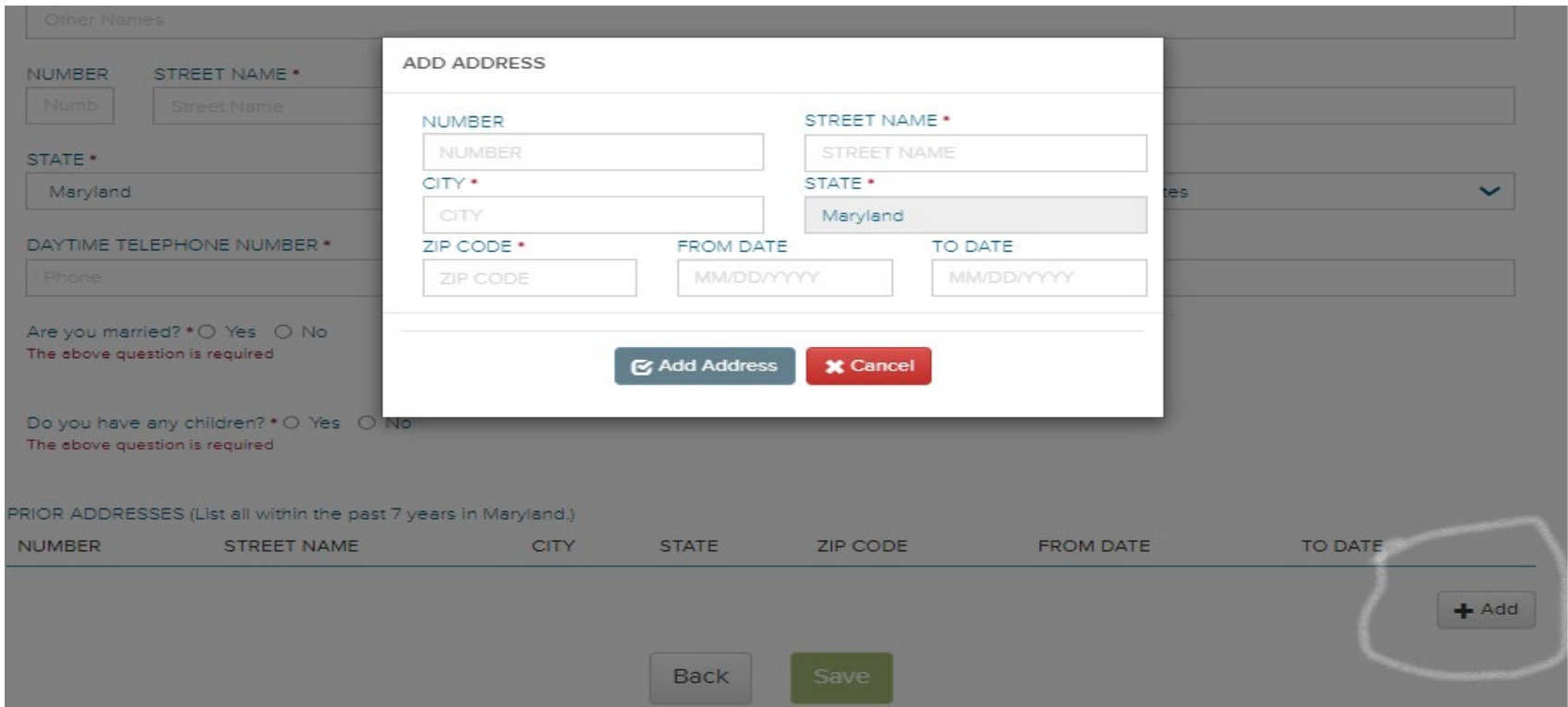
FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH
--	--	--	--

+ Add

Prior Addresses

- The Applicant must enter all prior addresses within the past 7 years only. Select the +Add button and add the address(es) and Dates. Select “Save” to complete the form.



Other Names

NUMBER STREET NAME *

STATE *

DAYTIME TELEPHONE NUMBER *

Are you married? * ☐ Yes ☐ No
The above question is required

Do you have any children? * ☐ Yes ☐ No
The above question is required

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	FROM DATE	TO DATE
+ Add						

Back Save

Download and print the application and select the “Back to Home” button

[Home](#) [New Application](#) [Account](#)

Your application has been successfully saved.

Please use the application number C202325018 for future reference.

Please view/download the application using the 'DOWNLOAD' button below.

[Back To Home](#) [Download](#)

(Please disable your **POPUP BLOCKER** in order to view or download the application)

Print and Review the application for accuracy before Notarization.

State of Maryland-Child Protective Services Program
CONSENT FOR RELEASE OF INFORMATION
CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

*******PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT *******

Part I: PURPOSE OF SEARCH
A. RELEASE TO SELF:
☐ 1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.
☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:
☐ Adoption ☐ School Personnel ☐ Day Care Center ☐ Youth Camp Personnel Administrator
☐ Foster Care ☐ Institutional Employee ☐ Family Day Care ☐ Youth Camp Worker/Volunteer
☐ Kinship Care ☐ CASA ☐ Community Mgmt. Entity ☐ Other (Specify)
☐ International Adoption ☐ Custody Evaluation ☐ DHS Child Placement Agency

Agency/Individual Name: Baltimore Adolescent Treatment Guidance Organization, Inc. Name of Agency Representative: Vonda Leighton
 Agency Address (To include street # and name, unit type and #, city, state and zip code): 2901 Druid Park Drive Suite A103, Baltimore, MD Representative's Phone Number: (443) 902-2962
 Representative's Email: Vonda.Leighton@maryland.gov

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)
 APPLICANT'S LAST NAME: Doe FIRST NAME: Papa MIDDLE NAME (Full): _____ MAIDEN/BIRTH NAME: _____
 SOCIAL SECURITY NUMBER: 157-41252 DATE OF BIRTH: 8/15/1970 SEX: ☒ Male ☐ Female RACE: Native American
 OTHER NAMES USED: _____
 NUMBER: 915 STREET NAME: N Calvert St UNIT TYPE/#: 3 CITY: Baltimore STATE: Maryland ZIP CODE: 21202 COUNTRY: USA
 DAYTIME TELEPHONE NUMBER: (410) 555-1212 EMAIL ADDRESS: Nathaniel.Madden@maryland.gov
 CURRENT SPOUSE: _____
 LAST NAME: Doe FIRST NAME: Mama MIDDLE NAME (Full): _____ DATE OF BIRTH: 3/20/1968
 FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)
 LAST NAME: Doe FIRST NAME: Baby MIDDLE NAME (Full): _____ DATE OF BIRTH: 11/12/2020
 Have you lived in Maryland in the past? ☒ Yes ☐ No Have you worked or volunteered in Maryland in the past? ☐ Yes ☒ No
 If yes to either question, from what years: 2023

Application Number : C202325018

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE FROM	DATE TO
19	N. Bentbou st.	Baltimore	Maryland	21223	12/20/1989	02/15/1995

Part III: AUTHORIZATION
 Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services Investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHR) to notify Baltimore Adolescent Treatment Guidance Organization, Inc. (agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for indicated child abuse or neglect in any record maintained by the Maryland Department of Human Resources, any local department of social services, and Child Protective Services.

*******STOP*****REVIEW THAT ALL SECTIONS ARE COMPLETE*******
*******PRINT THIS FORM BEFORE PROCEEDING TO PART IV*******

Part IV: SIGNATURE (If Applicant is under age 16, must be signed by Applicant's parent/guardian) **DATE**

 (Print name of signature above)	
---	----------

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC
 City/Country of: _____ State of: _____
 Acknowledged before me this _____ day of _____, 20____.

NOTARY PUBLIC
 My Commission expires: _____

Uploading a Notarized Application

- All application created by the Background Clearance Administrator are Saved in the Portal
- An Applicant's record is found by searching by:
 - Status- "Saved"
 - "First Name", Last Name", or,
 - Control #

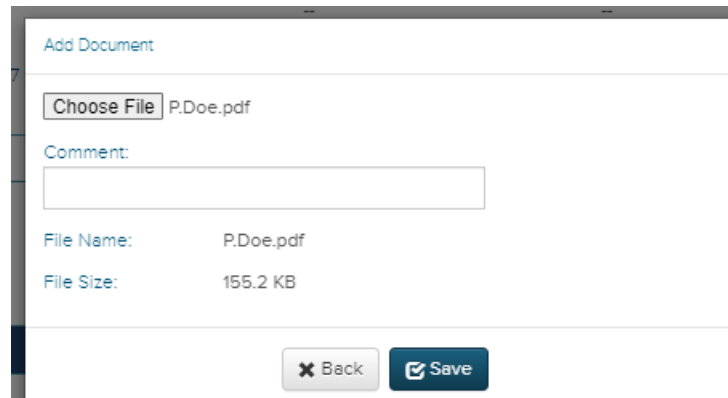
Open the record that you wish to attach the Notarized Application.

Status:
 Year End:
 First Name:
 Last Name:
 DHR processed:
 Control #:
 Organization Name:

#	Control#	First Name	Last Name	Organization Name	Type	Status	Date	#of Days	DHR processed	Actions
1	C202325018	Papa	Doe	Baltimore Adolescent Treatment Guidance Organization, Inc.	DHS Child Placement Agency	Saved	11/13/2023	0	Select	<input type="button" value="Open"/>
2	C202332707	Joey	Doe II	Baltimore Adolescent Treatment Guidance Organization, Inc.	DHS Child Placement Agency	Application 11/13/2023 Voided				<input type="button" value="Open"/>

Uploading and submitting the Notarized Application

- Scan the Notarized application to your computer (note: avoid log file names, extra spaces, and special characters in the file name)
- Open the record that you want to attach the document
- Scroll to the File Upload section
- Select the +Add button and attach the record and Save



The screenshot shows a web form titled "Add Document". It features a "Choose File" button next to the text "P.Doe.pdf". Below this is a "Comment:" label followed by a text input field. Further down, the "File Name:" is listed as "P.Doe.pdf" and the "File Size:" is listed as "155.2 KB". At the bottom of the form are two buttons: "Back" with a close icon and "Save" with a checkmark icon.

Check the next steps to submit the application for a Background Clearance

File Upload + Add

#	File Name	Comments	Action
1	P.Doe.pdf		<button>Open</button>

☐ Notarized Document received and attached

Decision Type:

- ☐ Application Voided
- ☐ Submitted
- ☐ Hired
- ☐ Rejected
- ☐ Archived


Comments	Action	Date	Made By
Comments:			

Add Comment


Back Complete

Press "Back" to return to the landing page


3. Press "Complete" to Submit the Application




ISO 27001:2015
INFORMATION SECURITY MANAGEMENT SYSTEM




ISO 9001:2015
QUALITY MANAGEMENT SYSTEM



ISO 20000:2018
IT SERVICE MANAGEMENT



CMMIDEV/3
MATURITY LEVEL 3 CERTIFIED BY FORUM FOR DEVELOPMENT V2.0 AND SERVICES V2.0



CMMISVC/3
MATURITY LEVEL 3 CERTIFIED BY FORUM FOR DEVELOPMENT V2.0 AND SERVICES V2.0

Application Status Section

Year End: *
All Years

Statistics

Export

Status: *
All

Year End: *
2023

DHR processed:
Please Select One

First Name:
First Name

Last Name:
Last Name

Control #:
Control #

Organization Name:
Organization Name

SEARCH

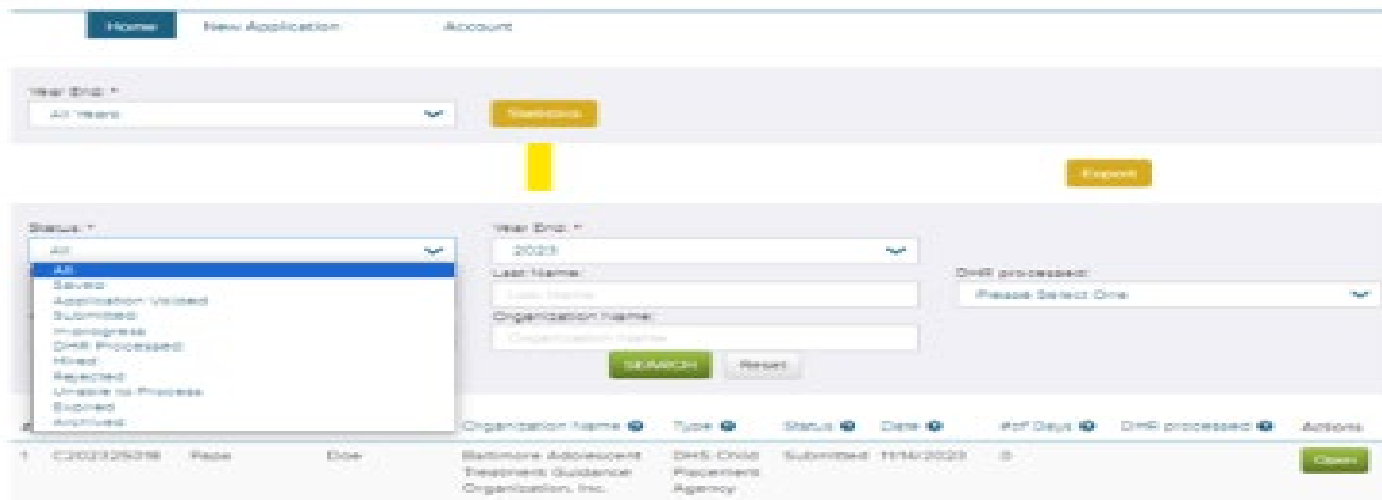
Reset

#	Control#	First Name	Last Name	Organization Name	Type	Status	Date	#of Days	DHR processed	Actions
1	C202325018	Papa	Doe	Baltimore Adolescent Treatment Guidance Organization, Inc.	DHS Child Placement Agency	Submitted	11/14/2023	0		Open



The status of all applications enter in the portal will appear in this section

“Status Box” dropdown displays TEN options



The screenshot shows a web application interface with a search form and a table of application records. The 'Status' dropdown menu is open, displaying the following options:

- All
- Saved
- Application Voided
- Submitted
- In Progress
- DHR Processed
- Rejected
- Unassigned Process
- Expired
- Archived

The search form includes the following fields and buttons:

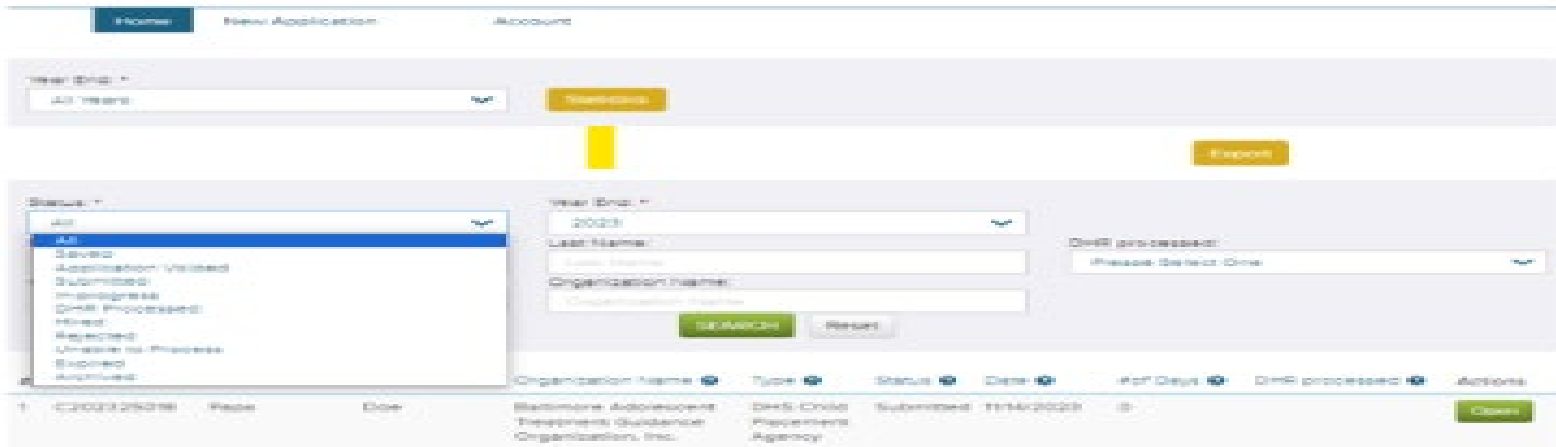
- Year End: A dropdown menu with 'All Years' selected.
- User Name: A text input field.
- Last Name: A text input field.
- Organization Name: A text input field.
- DHR processed: A dropdown menu with 'Please Select One' selected.
- Buttons: 'SEARCH' and 'Reset'.

The table below the search form displays application records with the following columns: Organization Name, Type, Status, Date, Ref Days, DHR processed, and Actions. The first record shown is:

Organization Name	Type	Status	Date	Ref Days	DHR processed	Actions
Baltimore Adolescent Treatment Guidance Organization, Inc.	DHR Child Placement Agency	Submitted	11/14/2023	0		Open

- **Saved** – An application that is in progress and has been saved
- **Application Voided** – An application that has been voided and is no longer valid
- **Submitted** – An application that has been submitted but no determination has been made
- **In Progress** – An application that is incomplete and is currently being worked on
- **DHR Processed** - An application that has been submitted, assigned and completed (determination made)

“Status Box” dropdown displays TEN options



The screenshot shows a web application interface with a top navigation bar containing 'Home', 'New Application', and 'My Account'. Below the navigation bar is a search section with a 'Year (End)' dropdown set to '2023', a 'Last Name' input field, and an 'Organization Name' input field. A yellow box highlights the 'Status' dropdown menu, which is open and displays ten options: 'All', 'Saved', 'Application Validated', 'Submitted', 'Incomplete', 'DHS Processed', 'Hired', 'Rejected', 'Unable to Process', and 'Expired'. Below the search section is a table with columns: 'Organization Name', 'Type', 'Status', 'Date', 'Wait Days', 'DHS processed', and 'Actions'. The table contains one row with the following data: 'Baltimore Adolescent Treatment Guidance Organizations, Inc.', 'DHS Child Placement Agency', 'Submitted', '11/14/2023', '0', and 'Open'.

- **Hired** – An application where the candidate was selected for employment
- **Rejected** – An application where the candidate was not selected for employment
- **Unable to Process** – An application that has been submitted, assigned to a DHS worker and deemed unable to process due to missing or incorrect information.
- **Expired** - An application that is no longer valid as the amount of time allowed to complete it has elapsed
- **Archived** - An older application that is currently kept in archives

The DHS processed has four categories

[Home](#)
[New Application](#)
[Accounts](#)

Year End: *
All Years

[Generate](#)

[Export](#)

Status: *
All

First Name:
First Name

Last Name:
Last Name

Control ID:
Control ID

Year End: *
2023

Last Name:
Last Name

Organization Name:
Organization Name

[SEARCH](#)
[Reset](#)

DHS processed:
Please Select One
Please Select One
History: Found
History: Not Found
Undetermined
Unable to Process

#	Control ID	First Name	Last Name	Organization Name	Type	Status	Date	# of Days	DHS processed	Actions
1	0002026006	Paige	Boe	Baltimore Adolescent Treatment Guidance Organization, Inc.	DHS Child Placement Agency	Submitted	11/14/2023	0		Open

- **History Found** – The applicant **has been found** to be the **identified** “Maltreator” in a **finalized** CPS investigation
- **History Not Found** – The applicant **has not been** found to be the “Maltreator” (M) in a CPS investigation
- **Undetermined** – The applicant **has been found** to be the **identified** “Alleged Maltreator” (AM) in an incomplete or un-finalized investigation.
- **Unable to Process** – The application can not be completed due to incorrect or missing information

How to retrieve the Application Background Clearance Results

- The findings of a Background Clearance is complete when:
 - The application Status is “DHR Processed”, and,
 - The “DHR processed” decision is:
 - History Found
 - History Not Found
 - Undetermined
 - Unable to Process
 - An email is sent to the background clearance originator and the result are available in the last Comments section of the record to View/Print.

Frequently Asked Questions (FAQ)

Is a Social Security Number (SSN) required to complete a CPS History Clearance application in the MyDHR Portal?

The application can be completed without the SSN but this should only be done under limited circumstances.

Is the notary stamp or seal required?

The notary stamp or seal is not required as long as the entire written portion of the notary is completed and is not the same person as the applicant.

Who should I call if there are issues/concerns?

For technical issues contact:

Nathaniel Madden

Department of Human Services

Social Services Administration

25 S. Charles Street, Rm. 1143D

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Thank You