

myDHR User Account Instructions

Thank you for submitting your request to process for CPS Background Clearances access through the myDHR portal. Please review the following checklist to ensure successful navigation within the CPS Portal

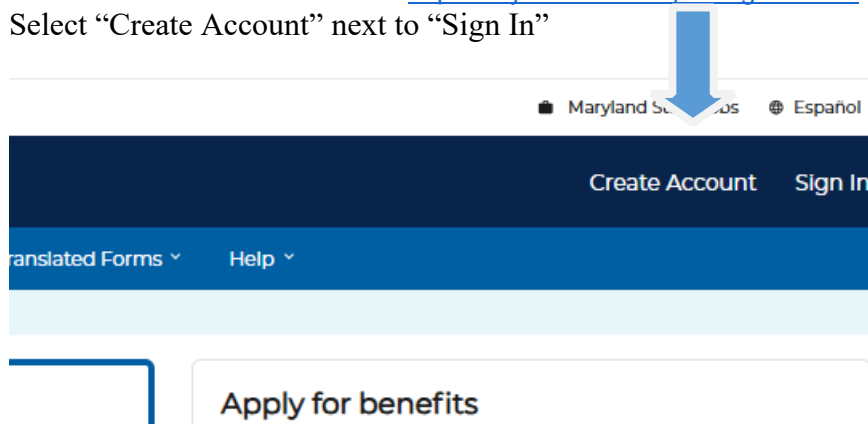
System Check

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

Select the following links to create a CPS background Clearance Portal Account

<https://mymdthink.maryland.gov/home>

Select “Create Account” next to “Sign In”



Click the **Create Account** button to begin the account registration process.



Account Registration

If you are just getting started, you can create an account to apply for benefits. To create an account you'll need access to an email account.

With an MDThink account you can:

- Apply for some services (Child Support, Food, Cash, Energy, Medical, Assistance for older adults and people with disabilities)
- Get information on your case
- Manage your account information

Let's get started with an MDThink account



Please make note of the following important guidelines:

Create an account

Who is applying? *

☒ I'm applying for myself or my family

☐ I'm applying on behalf of someone else

Continue

[< Go Back](#)

Create an account

Username *

Please use the same email address on record for active cases if you already have any with the Maryland Department of Human Services.

Your username will be the email you provide

Enter email

Please re-type your email

Confirm email

Password *

Enter Password

Password

Please re-type your password

Confirm password

Continue

Create a password that complies with the rules

Password *

- ✔ Must be between 9 and 15 characters
- ✔ Contain at least one number (0-9)
- ✔ Contain at least one uppercase (A-Z)
- ✔ Contain at least one lowercase (a-z)
- ✔ Contain at least one special character (~!@#\$%^&*+~=|/\|[:;?,>*)
- ✔ The new password must not contain your Username

Enter Password

.....

Please re-type your password

.....

Continue

[< Go Back](#)

Follow these helpful
arrows to complete
registration.

Select “**Yes**” for “Are you applying for yourself?” and enter your address, address, and phone number.

Adhere to the Password Rule: 14-character minimum 20 characters maximum, combination of two capital letters, two lower case, two numbers, and two special characters (cannot contain “&” or “+”) Note: Do not include and character sequences that resemble your name or email address.

The system will not prompt you to correct errors to the rule, so you must be sure to create your password correctly!

Complete the required fields as indicated with a red (*) as shown below.

Tell us about yourself

What's your name

First Name *

Middle Name

Last Name *

Suffix

When were you born?

Month/Day/Year

What's your gender?

☐ Female

☐ Male

[< Go Back](#)

Enter:

- First Name
- Last Name
- Date of Birth
- Gender

Select “Continue” to advance to the next screen

SKIP the following screen

Where are you currently living?

☐ I don't have a permanent address

What's your home address?

Enter your home address

Apt

Apt. No.

City

Enter the city you live in

State

Delaware

Zip code

Enter your zip code

☐ My home address is different than my mailing address

Continue

Skip



Completing the contact section is optional

How would you like to be contacted?

Providing phone number is optional, providing it can help you if you need to reset your password. It can also help us contact you in a more timely manner.

What's your mobile phone number?

What's your mobile phone number?

What's your home phone number?

What's your home phone number?

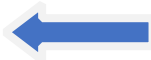
What's your work phone number?

What's your work phone number?

Which one is your primary phone?

Select

Create Account



< Go Back

After completing the mandatory fields click the **Create Account** button

The screen will refresh with a notification displaying the following screen:

 Maryland.gov

WELCOME TO

myMDTHINK

Home

Department of Human Services

Department of Health

Maryland Health Connection

Find a Local Office

Translated P

[Replace my EBT Stolen Benefits](#)

[Apply for Maryland SUN Bucks](#)

You've successfully created your account

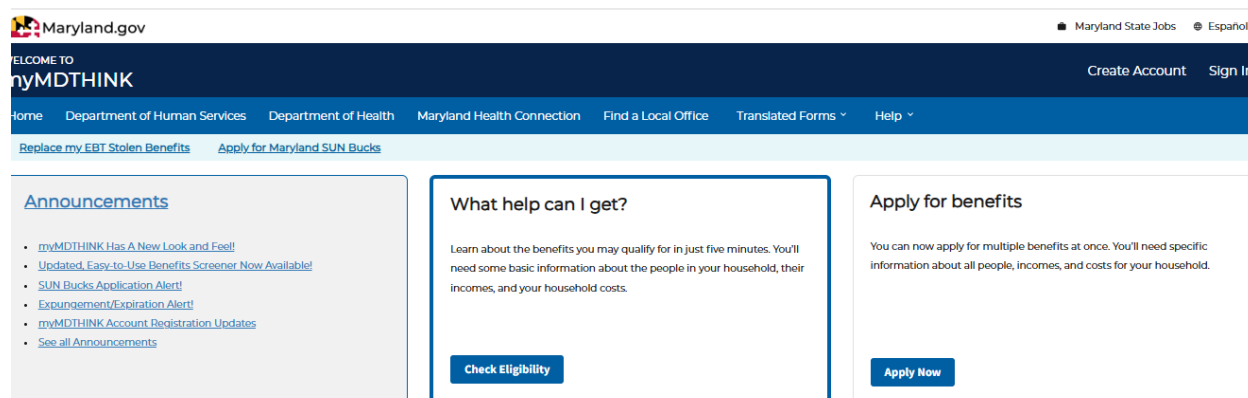
Next steps:

- ▶ Activate your account. You should've received an email with a link.
- ▶ Login to your account and start your benefits application.

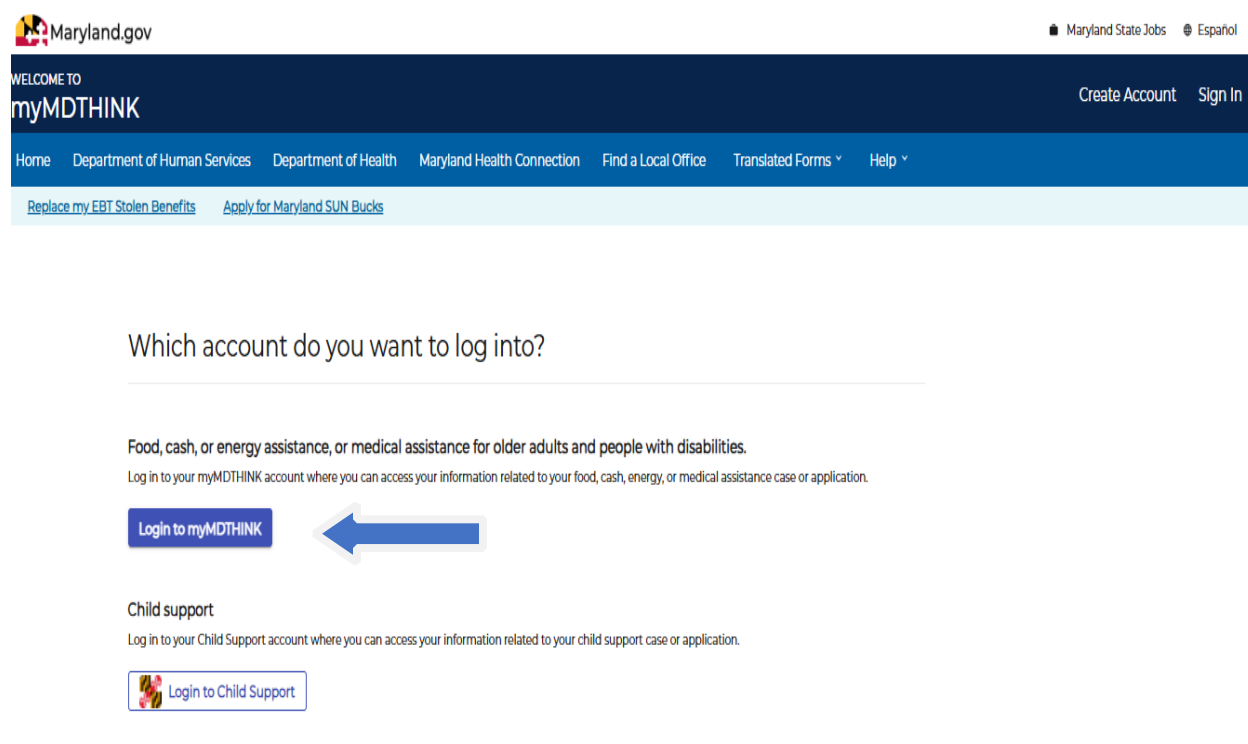
An activation link will be sent to your email address from identity@mymdthink.maryland.gov with the Subject line **myMDTHINK Account Activation Notification**. Click on the link in the email to activate your

account, then follow the prompts to register and Sign into the myMDTHINK Consumer Portal as shown below.

A Passcode will be sent to your email which is valid for 5 minutes. Please enter it in the Passcode field. Once you click Submit Passcode you will be logged into the myMDTHINK Consumer Portal. Select “Sign In”



Select the “Login to myMDTHINK” button



Enter your email address and password

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 only takes a few minutes. You'll need some basic information about the people in your household and their income.

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

Services (dropdown menu):

- Food Assistance
- Cash Assistance
- Medical Assistance
- Energy Assistance
- Child Support
- Re-Entry Passport
- Organization Employee Clearance** (highlighted with a blue arrow)

View Your Program Details

Upload Documents

Manage Your myMDTHINK Account

Get More Information

To start an new CPS Employment Background Clearance Application, select "Organization Employee Clearance"

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

[Home](#)[Messages](#)[Applications](#)[Account](#)

Start a New Application

[Family Investment](#)[Report A Change](#)[Redetermination](#)[Emergency Assistance](#)[Child Support](#)[Organization Employee Clearance](#)

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

Select "Youth Camp Worker Volunteer". Select "County" for the Camp location. Select "City" for the camp location. Select the camp's name for the Agency. Select the camp address for the Agency location. The Agency Representative, Representative's Email, and Representative's Phone Number will auto-populate.

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 checked="" 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 type="radio"/> DHS Child Placement Agency* | |

County *	City *
<input type="text"/>	<input type="text"/>
Agency/Individual Name *	Name Of Agency Representative
<input type="text"/>	<input type="text"/>
Agency Address	Representative's Phone Number
<input type="text"/>	<input type="text"/>
Representative's Email	
<input type="text"/>	
Have you lived in Maryland in the past? <input checked="" type="radio"/> Yes <input type="radio"/> No	Have you worked or volunteered in Maryland in the past? <input type="radio"/> Yes <input type="radio"/> No
If Yes to either question, from what years	
<input type="text"/>	

Back

Next

The response for the remaining application refers to the Applicant.

County *	City *
<input type="text"/>	<input type="text"/>
Agency/Individual Name *	Name Of Agency Representative
<input type="text"/>	<input type="text"/>
Agency Address	Representative's Phone Number
<input type="text"/>	<input type="text"/>
Representative's Email	
<input type="text"/>	<input type="text"/>
Have you lived in Maryland in the past? <input checked="" type="radio"/> Yes <input type="radio"/> No	Have you worked or volunteered in Maryland in the past? <input type="radio"/> Yes <input type="radio"/> No
If Yes to either question, from what years	
<input type="text"/>	

Back Next

Select "Next to advance to page 2.

Complete all 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 *

Last Name

Last Name is required

FIRST NAME *

First Name

First Name is required

MIDDLE NAME (Full)

Middle Name

MAIDEN/BIRTH NAME

Maiden/Birth Name

SOCIAL SECURITY NUMBER *

Social Security Number



☐ don't have SSN

Date Of Birth *

MM/DD/YYYY

Gender

Please Select One...



RACE *

Please Select One...



Race is required

OTHER NAMES USED

Other Names

NUMBER

Num1:

STREET NAME *

Street Name

UNIT TYPE#

Unit Type/#

CITY *

City

STATE *

Maryland



ZIP CODE *

Zip Code

COUNTRY *

United States



DAYTIME TELEPHONE NUMBER *

Phone

EMAIL ADDRESS *

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 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"/> <small>Last Name is required</small>	FIRST NAME * <input type="text"/> <small>First Name is required</small>	MIDDLE NAME (Full) <input type="text"/>	MATCH-BIRTH NAME <input type="text"/>
SOCIAL SECURITY NUMBER <input type="text"/>	<input checked="" type="checkbox"/> don't have SSN	Document Type * <div> Please Select One... </div>	File Upload * <input type="button" value="Add"/>

Please Select One...

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

Date Of Birth * <input type="text"/>	Gender <div> Please Select One... </div>
--	--

OTHER NAMES USED:

NUMBER <input type="text"/>	STREET NAME * <input type="text"/>
---------------------------------------	--

STATE * <div> Maryland </div>	ZIP CODE * <input type="text"/>
---	---

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):

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

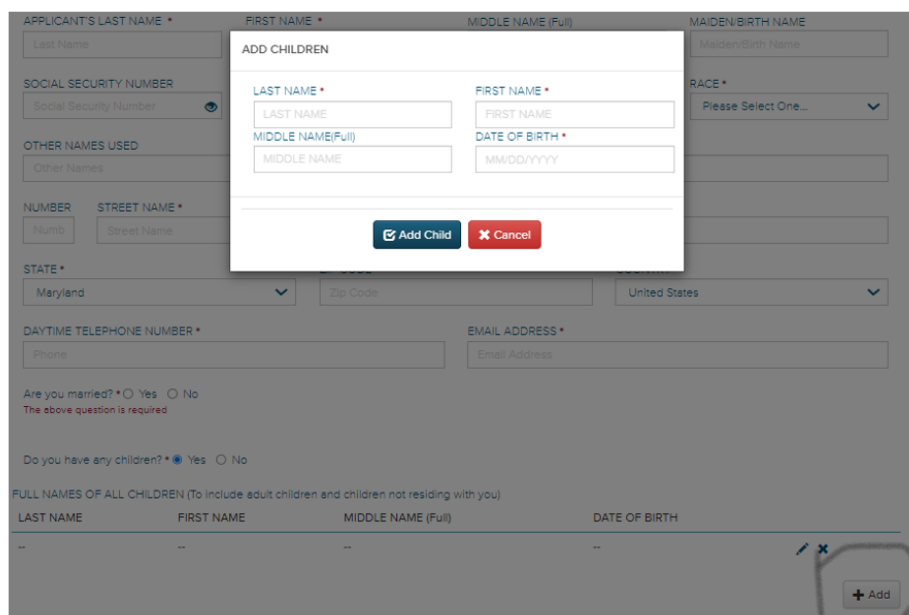
MIDDLE NAME(Full)

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



APPLICANT'S LAST NAME *
Last Name

FIRST NAME *
First Name

MIDDLE NAME (Full)
Middle Name

MAIDEN BIRTH NAME
Maiden/Birth Name

SOCIAL SECURITY NUMBER
Social Security Number

OTHER NAMES USED
Other Names

NUMBER
Numb

STREET NAME *
Street Name

STATE *
Maryland

Zip Code

United States

DAYTIME TELEPHONE NUMBER *
Phone

EMAIL ADDRESS *
Email Address

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

Do you have any children? * ☒ Yes ☐ No

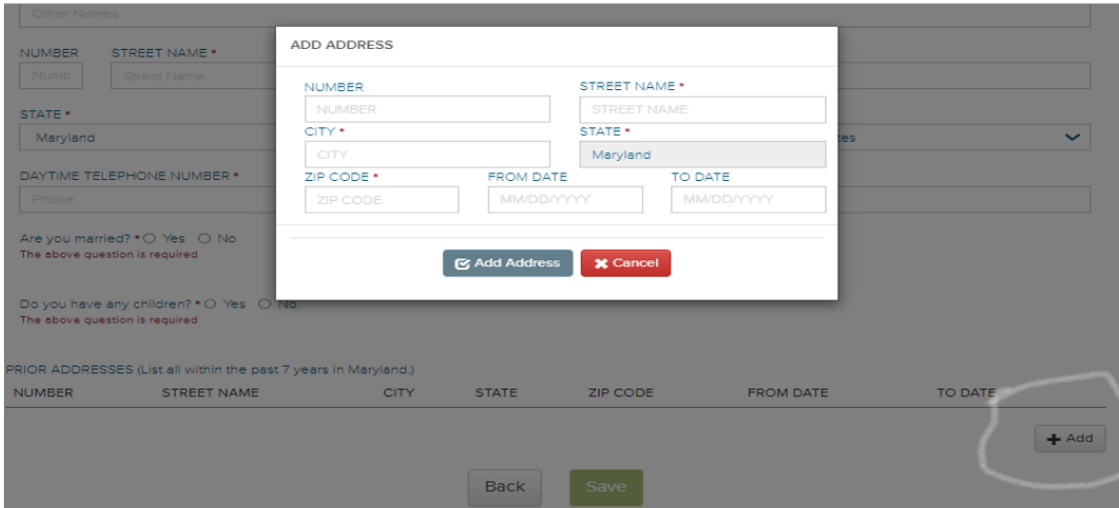
FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)

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.



The screenshot shows a web form for entering prior addresses. A modal window titled "ADD ADDRESS" is open, displaying input fields for:

- NUMBER (with a placeholder "NUMBER")
- STREET NAME (with a placeholder "STREET NAME")
- CITY (with a placeholder "CITY")
- STATE (with a dropdown menu showing "Maryland")
- ZIP CODE (with a placeholder "ZIP CODE")
- FROM DATE (with a placeholder "MM/DD/YYYY")
- TO DATE (with a placeholder "MM/DD/YYYY")

At the bottom of the modal are two buttons: "Add Address" (with a plus icon) and "Cancel" (with an X icon).

In the background, the main form includes fields for "Other Names", "NUMBER", "STREET NAME", "STATE", "DAYTIME TELEPHONE NUMBER", and two questions with radio buttons: "Are you married?" and "Do you have any children?". Below these is a table for "PRIOR ADDRESSES (List all within the past 7 years in Maryland.)" with columns: NUMBER, STREET NAME, CITY, STATE, ZIP CODE, FROM DATE, and TO DATE. A "+ Add" button is located at the bottom right of the table, circled in white. At the very bottom of the form are "Back" and "Save" buttons.



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*****

Application Number : C202325018
Date Entered : 11/13/2023

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 Based Entity ☐ Other (Specify):

☐ International Adoption ☐ Custody Evaluation ☐ DHS Child Placement Agency

Agency/Individual Name: _____ Name of Agency Representative: _____
Baltimore Adolescent Treatment Outpatient Organization, Inc. Brenda Langston
Agency Address (To include street # and name, unit type and #, city, state and zip code): _____ Representative's Phone Number: _____
101-41020 410-502-3882
Representative's Email: _____
brenda.langston@maryland.gov

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

APPLICANT'S LAST NAME FIRST NAME MIDDLE NAME (if applicable) Maiden/Birth Name

One _____ Sex _____

SOCIAL SECURITY NUMBER DATE OF BIRTH SEX RACE

101-41020 4/15/1970 Male Native American

OTHER NAMES USED: _____

NUMBER STREET NAME UNIT TYPE CITY STATE ZIP CODE COUNTRY

410 7th Street SE 3 Baltimore Maryland 21202 USA

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

410 506-1212 nathan.madden@maryland.gov

CURRENT SPOUSE LAST NAME FIRST NAME MIDDLE NAME (if applicable) DATE OF BIRTH

One _____ Name _____ 12/01/1989

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

LAST NAME FIRST NAME MIDDLE NAME (if applicable) DATE OF BIRTH

One _____ Baby _____ 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 you to other questions, from what years: _____

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
41	N. Bessie St.	Baltimore	Maryland	21223	12/01/1989	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 (DHRS) to verify Baltimore Adolescent Treatment Outpatient 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 report 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 18, must be signed by Applicant's parent/guardian) DATE

(Print name of signature above)

City/County of _____ State of _____

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

Notarized before me this _____ day of _____, 20____.

NOTARY PUBLIC _____
My Commission expires: _____

The printed application should be Notarized, or an Attestation must be indicated in the Notary section. The completed application should be mailed or preferably securely emailed to the Agency Representative.

Each Applications created is saved to the user's account. Note: when submitting a application to a camp, only submit the application created in the current year (i.e. C20250317 is an application created on March 17, 2025). Do not print and submit applications created from a previous year.

Emergency Assistance

Child Support

Organization Employee Clearance

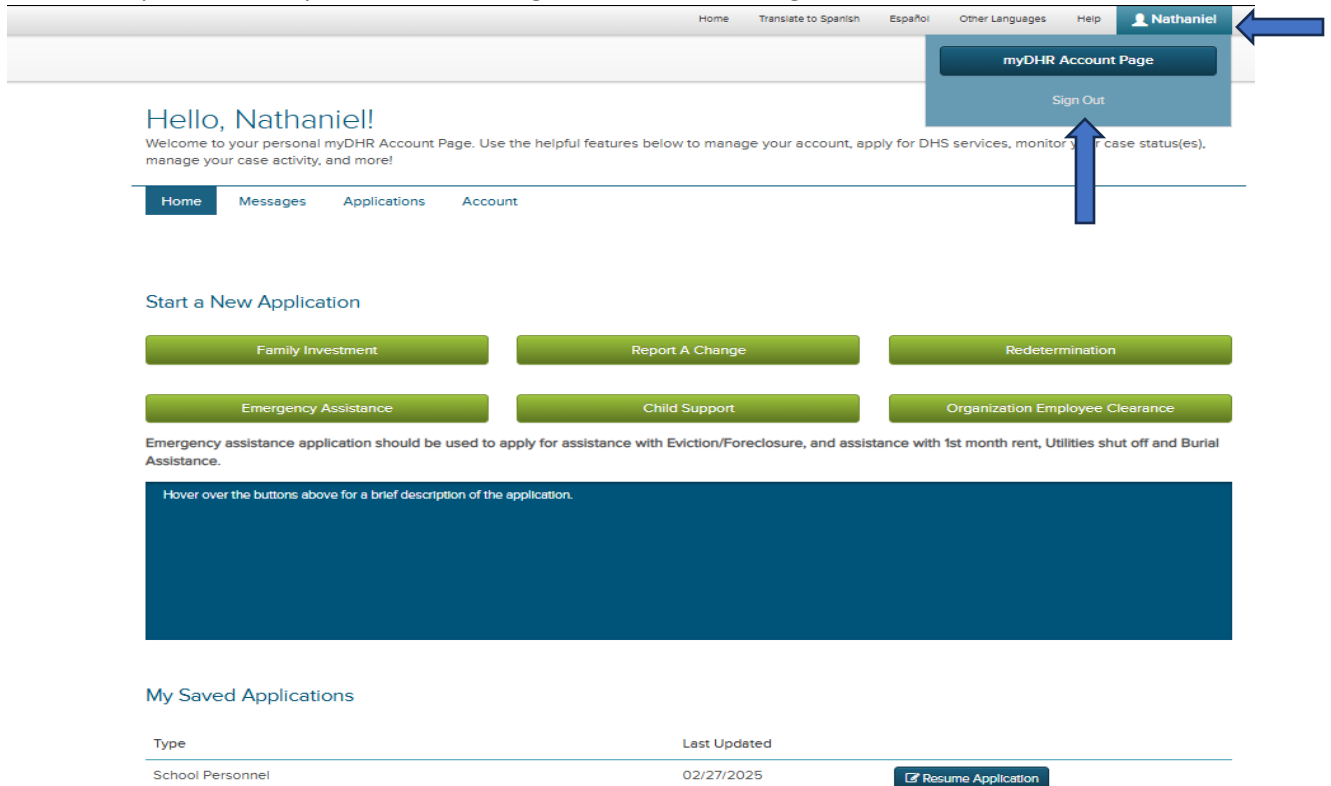
Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

My Saved Applications

Type	Last Updated	
School Personnel	02/27/2025	Resume Application
Youth Camp Worker/Volunteer	02/18/2025	Resume Application
Youth Camp Personnel Administrator	01/23/2025	Resume Application
Youth Camp Worker/Volunteer	06/13/2024	Resume Application
DHS Child Placement Agency	12/14/2023	Resume Application

To exit the portal, select you name on the sign in tab and select Sign Out.



The screenshot shows the myDHR Account Page. At the top right, a navigation bar contains links for Home, Translate to Spanish, Español, Other Languages, and Help, followed by a user profile icon and the name Nathaniel. A blue arrow points to the Nathaniel profile icon. Below the navigation bar, a dark blue button labeled 'myDHR Account Page' is visible. Below this button, a light blue box contains a 'Sign Out' link. A second blue arrow points to the 'Sign Out' link. The main content area begins with a greeting 'Hello, Nathaniel!' and a welcome message. Below this is a horizontal menu with links for Home, Messages, Applications, and Account. The 'Applications' section is titled 'Start a New Application' and features six green buttons: Family Investment, Report A Change, Redetermination, Emergency Assistance, Child Support, and Organization Employee Clearance. A note explains that the Emergency Assistance application is for eviction/foreclosure and rent/utility assistance. Below this is a large blue box with a placeholder text: 'Hover over the buttons above for a brief description of the application.' The 'My Saved Applications' section follows, displaying a table with columns for Type and Last Updated. One application is listed: School Personnel, last updated 02/27/2025. A 'Resume Application' button is located to the right of the application entry.

Home Translate to Spanish Español Other Languages Help Nathaniel

myDHR Account Page

Sign Out

Hello, Nathaniel!

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

Home Messages Applications Account

Start a New Application

Family Investment Report A Change Redetermination

Emergency Assistance Child Support Organization Employee Clearance

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

My Saved Applications

Type	Last Updated
School Personnel	02/27/2025

Resume Application