

## Thank you registering for the myDHR CPS Background Portal





### CPS Employee Background Clearance Portal Orientation

**Training Slide Deck – Summer Camp Administrator** 





## 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

#### <u>https://www.maryland.gov/Pages/default.aspx</u>. Select myMDTHINK Consumer Portal

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



🔇 CMMIDEV/3

MATURITY LEVEL 3 CONTINUED OF CAMPINE

#### Navigate to the myMDTHINK Page - Click Sign In







#### Select the "Login tomyMDTHINK" button







#### Enter Email Address and Password and "Sign In"

#### Login to Your Account

#### Username:

Enter Username/Email

#### Password:

Enter Password

I've forgotten my password



Create an account

Sign-In Help Videos



O



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





### Under Services, click on "Organization Employee" Clearance"

WELCOME TO MYMD	。 THINK						O Notifications
Home	Department of Human Services	Department of Health Maryland	d Health Connection	Find a Local Office	Translated Forms ×	Help ×	
Replace	my EBT Stolen Benefits						
What h	e Food Assistance	ve minutes You'll need some basic i	nformation about the	Apply for ber	nefits	t once Vou'll need specific infi	ormation about all people incorr
people i	Cash Assistance	usehold costs.	monnation about the	for your house	hold.	t once. Tog it need specific into	ormation about an people, incom
Check	Medical Assistance			Apply Now			
	Energy Assistance						
Hello Eddie	Child Support						
	Re-Entry Passport	E		ച			
$\Rightarrow$	Organization Employee Clearance	$\mathcal{Q}$					
ŗ	Services *	Vlew Your + Program Details	Vlew Your - Uplo Program Details		Mar myMDTI	age Your 🚽 HINK Account	Get More Information





## Upon submitting the passcode, the Landing Page opens. Select "New Application".

#### Hello

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!

Hom	e New Ap Nication	Acco	ount						
Year Ope	n New Applic	ation link							
All Years		~	Statistics						
							Exp	port	
Status: *			Year End: *						
All		~	2023			~			
First Name:			Last Name:				DHR processed:		
First Name			Last Name				Please Select O	ne	~
Control #:			Organization Name:						
Control #			Organization Name						
			SEA	RCH Rese	t				
# Control# 🕄	First Name 🚱 🛛 La	ast Name 😧 Or	rganization Name 🕄	Туре	Status 💡	Date 🕄	#of Days 🕄	DHR processed 💡	Actions





1

In section B Select "Youth Camp Personnel Administrator" if submitting and application for an "Administrator" or "Youth Camp Worker/Volunteer"; then select County, City, and Agency Name. The remaining fields will pre-populate from your profile.

O Add	option*		CASA		⇒ <sub>o</sub> ·	Youth Camp Personnel Administrator*
Fos	ster Care		Custody Evaluation		→ ○	Youth Camp Worker/Volunteer*
Kin	iship Care		Day Care Center		0	Individual Clearance*
Inte	ernational Adoption		Family Day Care			Other (Specify)
O Sch	hool Personnel <sup>*</sup>		Community Mamt. En	ntity		
O Inst	titutional Employee*	0	DHS Child Placement	t Agency*		
County				City •		
			~			~
Agency	/Individual Name •			Name Of Agency Repr	esentative	
			~			
Agency	Address					Pepresentative's Phone Number
Represe	entative's Email					
Represe Have yo	entative's Email ou lived in MaryLand in the past? ® Ye	es O No		Have you worked or vi	olunteered	in MaryLand in the past? O Yes O No
Represe Have yo	entative's Email ou lived in MaryLand in the past?	es O No		Have you worked or ve	olunteered	I in MaryLand in the past? O Yes O No
Represe Have yo	entative's Email ou lived in MaryLand in the past?  Ye either question, from what years	es O No	Back	Have you worked or ve Next	olunteered	l in MaryLand in the past? O Yes O No



# The response for the remaining application refer to the Applicant





# 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)

Matden/Birth Name
tstes 💙



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

	PLEASE CI	OMPLETE THIS FO	ORM ON LINE AND THEN P	RINT
ry 2: SEARCH INFORMATION (To be co	spiezed in full	by individual schope nar	re is being searched;	
LIRECANT & LAST NAME +	100271-04042	+	MODUS HAVE (FUR	MACON BRITH NAME
Contraction of the second s			Units Stars	The second second second
CON, SECURITY MUMBER	Redent ter	• 120	Document Type *	File Uplead 1
Same Strang, Same			Please Select One	¥ + A15
			Presse Select One	
ete Of Bren-	Genter		Erm Cereflone	
	Please Sel	ectóre. 🗸 🗸	Engleument Authoritation De-	ourset (240) for 1768
THER NAMES LOOP			Government saved identificat	or providing groot of dentity and age
Other Maintal			Later Store Description of	Energy Devices Section on a same
and the second se				and a second in the \$100 case
Name			Period	
P. P2 .		NEARS.	Priorf of Excel Exercity	
Mayland	~	Contraint.	RestO	
ANTINE TELEPHONE NUMBER -		a state of the sta	Unecomparing Minor/Ungos	unerted Reson Letter from Homeland Securi

Do you have any children? • O her. O his . The stress putcher is required

PRICE ADDRESSES (Lat all which 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





1

### **Marital Status:**

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

Are you married? * 🖲 Yes 🔘 No		
CURRENT SPOUSE	FIRST NAME •	
Last Name	First Name	
MIDDLE NAME(Full)	DATE OF BIRTH •	
Middle Name	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

ME • FIRST	NAME *	MIDDLE NAME (Full)		MAIDEN/BIRTH NAME
ADD	CHILDREN			Malden/Birth Name
MBER LAS	T NAME •	FIRST NAME .		RACE *
	AST NAME	FIRST NAME		Please Select One 🗸 🗸
MID	DLE NAME(Full)	DATE OF BIRTH •		
М	IDDLE NAME	MM/DD/YYYY		
NAME *				
Vame	🗹 Add C	Child 🗶 Cancel		
	✓ Zip Code		United Sta	ites 🗸 🗸
NUMBER •		EMAIL ADDRESS •		
es O No uired en?*® Yes O No LDREN (To include adult	children and children not resi	ding with you)		
FIRST NAME	MIDDLE NAME (	(Full)	DATE OF BIRTH	
				1 %
	ADD C ADD C ADD C ADD C ADD C ADD C ADD C ADD C ADD C MID MID MID MID MID MID MID MID	ADD CHILDREN  IBER LAST NAME LAST NAME MIDDLE NAME MIDDLE NAME IAME IAME IAME IAME IAME IAME IAME I	ADD CHILDREN  IBER LAST NAME LAST NAME ILAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME  IAME IAME IAME IAME IAME IAME IAME	ADD CHILDREN  ADD CHILDREN  BER LAST NAME LAST NAME LAST NAME LAST NAME LAST NAME AMDDLE NAME(Full) AME AMDDLE NAME(Full) AME



### **Prior Addresses**

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

Other Na	imes						. 6
NUMBER	STREET NAME *	ADD ADDRESS					
		NUMBER		STREET NAM	E.		
STATE .		NUMBER		STREET NA	ME		
Maryland	d	CITY .		STATE •		tes	~
		CITY		Maryland			
DAYTIME T	ELEPHONE NUMBER •	ZIP CODE *	FROM DATE		TO DATE		
		ZIP CODE	MM/DD/YY	YY	MM/DD/YYYY		
PRIOR ADDR	ession is required	st 7 years in Maryland.)					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	FROM DAT		TO DATE
							+ Add
			Back	Save			
		(190)		S CMMIDEV/3	S CMMISVC/3		



### Download and print the application and select the "Back to Home" button

Home	New Application	Account	
		Your application has been succesfully saved.	
	Dia	the explication number C20222E019 for fiture reference	
	PIE	sase use the application number C202525018 for future reference.	
	Please	e view/download the application using the 'DOWNLOAD' button below.	
		Back To Home Download	
		(Please disable your POPUP BLOCKER inorder to view or download the application)	





## Print and Review the application for accuracy before Notarization.

CPS BACK	State of Maryland- CONSENT FOR GROUND/ADAM WA	Child I RELE	Protective Servi EASE OF INFO BACKGROUN	Ces Prog DRMAT	gram ION ARANCE REG	QUEST	_
***	**PLEASE COMPLETE T	HIS FO	RM ON LINE AN	D THEN	PRINT ****	and a state of the	6
Part I: PURPOSE OF SEARCH			C	Applica	ation Number : C	202325018	¥.
A. RELEASE TO SELF:			-978	consection of	Date Entered :	11/13/2023	
<ol> <li>To determine if I have been four</li> <li>2. To determine if I have any remainded to the second s</li></ol>	nd responsible for an "indicated" o ining appeal rights.	fispositio	n for a child abuse or	neglect inv	estigation.		
B. RELEASE TO AN AGENCY/IN	DIVIDUAL RELATED TO:						
Adoption     Foster Care     Kinship Care     International Adoption	School Personnel	Day Care Family Da Communi DHS Child	Center ty Care ty Mgmt. Entity d Placement Agency	Youth Youth Other (	Camp Personnel Ad Camp Worker/Volun Specify)	iministrator nteer	
Agency/Individual Name		Nar	ne of Agency Repre	sentative			
Baltimore Adolescent Treatment G	uidance Organization, Inc.	Vond	a Leighton				
Agency Address (To include st	reet # and name, unit type an	d ₩, city,	state and zip code	) Repre	sentative's Phone	e Number	_
2901 Druid Park Drive Suite A103	, Baltimore, MD			(443) 90	2-2962		
Representative's Email							_
Vonda.Leighton@maryland.gov							
Part II: SEARCH INFORMATION APPLICANT'S LAST NAME F	(To be completed in full by in IRST NAME	MIDDLI	I whose name is be E NAME (Full)	ing search MA	ed) IDEN/BIRTH NAME		_
Doe P	apa				05		
SOCIAL SECURITY NUMBER L	ATE OF BIRTH			RA	CE		-
OTHER NAMES USED	1010/0		ale 🖬 Pemale	Test.	ove American		
NUMBER STREET NAME	UNIT TYPE/#	CITY		STATE	ZIP CODE	COUNTRY	
915 N Calvert St	3	Baltimo	re	Maryland	21202	USA	
DAYTIME TELEPHONE NUMBER		EMA	L ADDRESS				-
(410) 555-1212		Natha	aniel.Madden@maryla	ind.gov			
CURRENT SPOUSE							-
LAST NAME F	IRST NAME	MIDDLI	E NAME (Full)	DA	TE OF BIRTH		
Doe N	lama			3/2	0/1968		
FULL NAMES OF ALL CHILDREN (7	o include adult children and child	iren not n	esiding with you)				
LAST NAME	FIRST NAME		MIDDLE NAME (Ful	1)	DATE OF BIRTH	н	
Doe	Baby		,	-	11/12/2020		
			•		-		
Have you lived in Maryland in the past? If yes to either question, from what year	xYes No Have ye	ou worked	l or volunteered in Mary	rland in the	past? Yes	s xNo	

STREET NAME N. Bentlou st. TION de of Maryland Regulations § 07.0.0 y suffortize the Maryland Department sc. (agency or individual as listed in indicated child abusor or register in costal services, and Child Protective	CITY Baltimore And the confidence of Human Resources (DH Part I) as to whether a local Part I) as to whether a local Part I) as to whether a local Service. WTHAT ALL SECT DRM BEFORE PRO ge 16, must be signed by	STATE Maryland Millity of Child F Rit Ion nottly Baltis Maryland Department of a department of	ZIP CODE 21223 Protective Services to colai services to complete O PART IN rent/guardian	DATE FROM 12/20/1989 treatment G as identified m in Resources,	DATE TO (22/15/1995 uns and udance tas tas tas tas tas tas tas tas tas tas
N: Bentiou st. TION de of Maryland Regulations § 070.02 y suffortize the Maryland Department re. (agency or individual as listed in indicated child subsor or neglect in indicated child subsor or n	Baltimore 1.07, pertaining to the confident nt of Human Resources (DH- Part 1) as to whether a local to proceed manipulation of the Services. WTHAT ALL SECT DRM BEFORE PRO ge 16, must be signed by	Maryland entiality of Child F (R) to notify Bart department of to e Maryland Depart TIONS ARE ( CEEDING T Applicant's part	21223 Protective Services In scial services In timent of Humi COMPLET O PART IN rent/guardian	12/20/1989 treatment G as identified m in Resources,	02/15/1995 ans and uidance e as any local
TION de of Maryland Regulations § 07.02 y authorize the Maryland Departme y authorize the Maryland Departme includes drill allow or registed in social services, and Child Protective <b>STOPP REVIE</b> <b>STOPP REVIE</b> <b>ATURE</b> (If Applicant is under an of signature above) RTIFICATE OF ACKNOWLEDG	207, pertaining to the conflict nt of Human Resources (ID Part) as to whether a local Services. Services. SW THAT ALL SECT ORM BEFORE PRO pe 16, must be signed by	entiality of Child F IR) to notify Balti department of sc Maryland Depar FIONS ARE ( CEEDING T Applicant's par	Protective Services In ocial services In timent of Huma COMPLET O PART IN rent/guardian	ces investigation nt Treatment G as identified m in Resources, r E*****	ons and uidance e as any local DATE
ATURE (If Applicant is under a of signature above)	ge 16, must be signed by	Applicant's pai	rent/guardian		DATE
of signature above)					
of signature above)					
TIFICATE OF ACKNOWLEDG					
TIFICATE OF ACKNOWLEDG	CHICUT OF INDRUDUAL			_	
before me thisday of	·	_, 20			
LIC					
n expires:					
	efore me thisday of	efore me this day of	etore me this, 20 .IC n expines:	etore me this day of, 20 IC	etore me this day of, 20 IC n 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:							
Saved		~	2023			~			
First Name:			Last Name:				DHR processed:		
							Please Select O	ine	~
Control #:			Organization Name:						
C202325018			Organization Nam	e					
			SEA	R	eset				
# Control# 🥹	First Name 💡	Last Name 🥹	Organization Name 😡	Туре 😡	Status g	Date <table-cell></table-cell>	#of Days 9	DHR processed 😡	Actions

	-	-	-	-	21 -	-	-		1.1		
1	C202325018	Рара	Doe	Baltimore Adolescent Treatment Guidance Organization, Inc.	DHS Child Placement Agency	Saved	11/13/2023	0		Select	Open
2	C202332707	Joey	Doe II	Baltimore Adolescent Treatment Guidance Organization, Inc.	DHS Child Placement Agency	Application Voided	11/13/2023				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





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

File Uploa	ıd				+ Add
#	File Name	Comments		Action	
1	P.Doe.pdf			Open	
Notarize     Notarize     Decision Typ     Applicatio     Submitted     Hired     Rejected     Archived	ed Document received and attached pe: In Voided	Check "Submitte	1. Check "N received	otarized Docume d and attached	nt
Comments	. A	Action	Date	Made By	
Comments:					1.
Add Cor	Press "Back" to return to the landing page			3. Pres Submi	ss "Complete" to t the Application

#### **Application Status Section**



Year End: • All Years	~	Statistics						
						Exp	port	
Status: *		Year End: •						
All	~	2023			~			
First Name:		Last Name:				DHR processed:		
First Name		Last Name				Please Select O	ne	~
Control #:		Organization Name:						
Control #			e					
		SEA	RCH	et				
# Control# 🛛 First Name 🕄	Last Name 😡	Organization Name 🛿	Туре 🥹	Status 🥹	Date <table-cell></table-cell>	#of Days <table-cell></table-cell>	DHR processed 🥥	Actions
1 C202325018 Papa	Doe	Baltimore Adolescent Treatment Guidance Organization, Inc.	DHS Child Placement Agency	Submitted	11/14/202	23 0		Open

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







CMMISVC/3

#### "Status Box" dropdown displays TEN options



- 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)



CMMISVC/3

CMMIDEV/3

#### "Status Box" dropdown displays TEN options



Contraction of the Contraction o							
- 5×2 ·	 and the second se						
ALC: PERFEC							
						approved and a second se	
1941 T	Treat Drug. *						
And the second se	 200213			~			
All	 Last Marine				OHR processes.		
Service Contract of Contract					Pressore the text of	Circai	
Submitted:	 Organization harms:						
Property and a second s							
House .	 1000	and the second	en				
Rejected	 and the second se						
Expred							

- 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
   Image: Image:

#### The DHS processed has four categories

Server 1 Inter Street 1 Server		Presidente O	Last Serve @	Organization Name O	There 😐	Datus •	Dec. (0)	And Days () Direct processed ()	Action
Serve * Serve				1.000	And Address	et		Underseminals Unable to Process	
Result *  Ar				Characteristics in the				History Nound	
Serve * Constant All V 2023 V Fractioner Fractioner	Correct #1			Organization Name				Presse Serect One	
Security Construction Construct								Presse Select One	
Security Vest Security 2023	Pirms haaring			Last Marries				D-M processed	
Security Version 1			147	2022			140		
Expert	Section 1			Transaction and the					
	-							Expert	
	ALCORE .			The standard					
New Deal +	New Dest								

- <u>History Found</u> The applicant has been found to be the identified "Maltreator" in a <u>finalized</u> CPS investigation
- <u>History Not Found</u> The applicant has not been found to be the "Maltreator" (M) in a CPS investigation
- <u>Undetermined</u> The applicant has been found to be the identified "Alleged Maltreator" (AM) in an incomplete or un-finalized investigation.
- <u>Unable to Process</u> 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 Baltimore, MD 21201 Email: <u>Nathaniel.Madden@maryland.gov</u> Cell-phone: 443-977-7603



For Processing issues/Support contact:

Email: <u>Tramaine.Thaxton1@maryland.gov</u>

For the status of a submitted application email the request to: mdcps.clearances1@maryland.gov







