

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

Select "Create Account" nez	https://mymdthink.maryland.gov xt to "Sign In"	v/home
	Maryland S. Jos e	Español
	Create Account	Sign In
ranslated Forms * Help *		
Apply for b	penefits	

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



Please make note of the following important guidelines:

Select "Yes" for "Are your applying for yourself?" and enter your <u>personal</u> email 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! 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.	Select "Yes" for "Are your applying for address, address, and phone number. Adhere to the Password Rule:14-chara	for yourself?" and enter your personal email	
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 Please re-type your email	combination of two capital letters, two low characters (cannot contain "&" or "+") No that resemble your name or email address. The system will not prompt y must be sure to create your passwor	acter minimum 20 characters maximum, wer case, two numbers, and two special ote: Do not include and character sequences s. you to correct errors to the rule, so you rd correctly!	
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 Please re-type your email	Create an account		
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 Please re-type your email	Username *		
Your username will be the email you provide Please re-type your email			
	Please use the same email address on record for active cases if you already have any with	the Maryland Department of Human Services.	

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			
inter Password		Please re-type your password	
	ø		Ø
Continue			
C. D. I			

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
	Enter your first name	Enter your middle name	Enter your last name	Select *
	When were you born?	What's your gender?		
	Month/Day/Year			
	MM/DD/YYYY	· Female		
		O Male		
\rightarrow	Continue			
	< Go Back			

Enter:

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

Select "Continue" to advance to the next screen

SKIP the following screen

I don't have a permanent address		
What's your home address?		Apt
Enter your home address		Apt. No.
City	State	Zip code
Enter the city you live in	Delaware	Enter your zip code
My home address is different than my mailing address		
Continue Skip		
ompleting the contact section is op [,]	tional	
How would you like to be contacted?		
How would you like to be contacted? Providing phone number is optional, providing it can h	nelp you if you need to reset your password. It can also help u	us contact you in a more timely manner.
How would you like to be contacted? Providing phone number is optional, providing it can h What's your mobile phone number?	what's your home phone number?	us contact you in a more timely manner.
How would you like to be contacted? Providing phone number is optional, providing it can h What's your mobile phone number? What's your mobile phone number?	what's your home phone number?	us contact you in a more timely manner.
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How would you like to be contacted? Providing phone number is optional, providing it can h What's your mobile phone number? What's your work phone number? What's your work phone number?	what's your home phone number? What's your home phone number? What's your home phone number? Which one is your primary phone? Select	us contact you in a more timely manner.
How would you like to be contacted? Providing phone number is optional, providing it can h What's your mobile phone number? What's your work phone number? What's your work phone number? Create Account	what's your home phone number? What's your home phone number? What's your home phone number? Which one is your primary phone? Select *	us contact you in a more timely manner.
How would you like to be contacted? Providing phone number is optional, providing it can h What's your mobile phone number? What's your work phone number? What's your work phone number? Create Account Create Account Create Account	what's your home phone number? What's your home phone number? What's your home phone number? Which one is your primary phone? Select *	us contact you in a more timely manner.
How would you like to be contacted? Providing phone number is optional, providing it can h What's your mobile phone number? What's your work phone number? What's your work phone number? Create Account Create Account	thelp you if you need to reset your password. It can also help of What's your home phone number? Which one is your primary phone? Select *	us contact you in a more timely manner.



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 <u>identity@mymdthink.maryland.gov</u> 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

Maryland.gov	Maryland State Jobs
relcome to nyMDTHINK	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	
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.	
Solution Child Support	

Enter your email address and password



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



Under Services, click on Organization Employee Clearance

	o DTHINK				*	0 Notifications
Home	Department of Human Services	Department of Health Maryland Healt	h Connection Find a Local Off	ice Translated Forms ~	Help ~	
Replace	my EBT Stolen Benefits					
What h	Te Food Assistance	in minutes Veuill and some basis informer	Apply f	or benefits	no. Vouill nood encoific informati	en about ell noonle inco
people	in: Cash Assistance	usehold costs.	for your	household.	ice. You'll need specific informati	on about all people,inco
Check	El Medical Assistance		Apply I	Now		
	Energy Assistance					
lello Eddi	e Child Support					
	Re-Entry Passport	E	4	ſ	<u></u>]	
	rganization Employee Clearance	<u>P</u>		لے		1
	Services *	View Your +	Upload Documents	- Manag	je Your 👻	Get More

Select 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			-
Chart - Navi Angliantan			
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.	or assistance with Eviction/Foreclosure, and assis	stance with 1st month rent, Utilities shut off and Burial	
Hover over the buttons above for a brief description of the applica	ation.		

STOP! Do not enter any data on the following screen. Sign out of the application and follow the instructions below in yellow.

CPS B	State of Maryland-Child CONSENT FOR RELE ACKGROUND/ADAM WALSH	Protective Services Program EASE OF INFORMATION BACKGROUND CLEARAI	Sign Out
	PLEASE COMPLETE THIS FO	ORM ON LINE AND THEN	PRINT
Part 1: PURPOSE OF SEARCH			
A. RELEASE TO SELF:			
 1. To determine if I have been found 2. To determine if I have any remaining 	responsible for an "indicated" disposition ng appeal rights.	for a child abuse or neglect investi	gation.
B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED	D TO:		
 Adoption* 	O CASA	0	Youth Camp Personnel Administrator*
 Foster Care 	 Custody Evaluation 	0	Youth Camp Worker/Volunteer*
 Kinship Care 	 Day Care Center 	0	IndVidual Clearance*
 International Adoption 	 Family Day Care 		Other (Specify)
 School Personnel* 	 Community Mgmt. 8 	Entity	
 Institutional Employee* 	O DHS Child Placeme	ent Agency*	
County *		City •	

You have completed the registration process Click on the link below and complete the Google form. It will notify SSA that you have completed the MyDHR registration process and your account will be activated by the SSA Administrator to provide you with access to the myDHR Entry feature.

https://forms.gle/XcfK5WRdfrBnbNZv9

This process may take up to 5 business days

You will receive the following email confirming your account activation:



The Portal Administrator will contact you to schedule a Google Meeting orientation on using the application.