

Partnership 4 Kids is committed to providing a safe environment for the students we serve and remaining compliant with state requirements and regulations set by the Department of Health and Human Services (DHHS). Partnership 4 Kids has always included Adult and Child Abuse registry screening with our background checks for all staff, interns and mentors. In March of 2018 DHHS required that all requests for Adult and Child Abuse Registry checks come directly through their online portal and the information must be entered by the person being screened. To comply with this change P4K has had to slightly modify our on-boarding and re-screening process to include the DHHS portal. Below are the instructions for accessing the portal and navigating the website to enter your information.

Please follow the link below to complete the necessary forms for the Nebraska Adult & Child Abuse Registry Check:

<https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginOrgCheck/85084696>

Step 1:

Once the page loads you will be asked for your email address and to create a 4 digit pin DHHS will send you an initial email with your request number which you will need if you wish to check the status of your screen later.

The image displays two screenshots of the DHHS Central Registry portal. The left screenshot shows the 'New Check Request' page, which includes a progress bar with steps: Begin Check, Enter Information, Verification Method, Online Payment, ID Verification, Submitted to DHHS, and Check Complete. Below the progress bar, there is a section titled 'Begin Check' with a form for 'Applicant's Email Address' and a 'PIN' field. A note explains that the PIN and check request number will grant access to the portal. The right screenshot shows an email confirmation page titled 'DHHS Central Registry - Process started for request #80497775'. It includes the email address 'DHHS.CFSCR@nebraska.gov', the time '7:49 AM (1 hour ago)', and the message 'You have begun the process to request a Central Registry Check.' It also provides the 'Request Number: 80497775', the 'PIN: (created by you)', and the 'Portal Website: https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/ResultsVerification'. The page concludes with the Nebraska Department of Health & Human Services logo and the text 'NEBRASKA Good Life. Great Mission. DEPT. OF HEALTH AND HUMAN SERVICES'.

Click "Next" when done.

Step 2:

On the next screen you will fill in your personal information: name, DOB, SSN, current address, etc...

- If you have every been known by another name (i.e. maiden name) click the blue "Add Other Name" button and complete the fields.
- If you have never had another name check the box on the right indicating "No Other Names".
- If there are children under the age of 18 living in your home (even if they not your dependents) click the blue "Add Child Name" button and enter the name and date of birth for the child(ren) whom reside in the home.
- If there are no minor children in the home check the box to the right indicating "No Children".

- If you have ever lived in another city or state you will need to click the blue “Add Other Address” button. – If you cannot recall the full address that is ok the city and state is mainly what is needed.
- If you have never lived in a city or state different than your current address check the box to the right indicating “No Other Addresses”

Below that the boxes for the Child Abuse and Neglect Central Registry and the Nebraska Adult Protective Services Registry will already be checked. DO NOT uncheck them as it will delay the process.

Begin Check

Enter Information

Verification Method

Online Payment

ID Verification

Submitted to DHHS

Check Complete

Enter Information

First Name

Middle Name ☐ No Middle Name

Last Name

Date Of Birth
mm / dd / yyyy

Age

Social Security Number ☐ No SSN
###-##-####

Current Address

City

State
Nebraska

Zip

Applicant's Phone Number
###-###-####

Other names, such as a maiden name, former married name, or nickname: ☐ No Other Names

First Name

Last Name

Suffix

Add Other Name

Names and birthdates of your children and children who lived with you: ☐ No Children

First Name

Last Name

Suffix

Date Of Birth

Add Child Name

List all previous cities at which you have resided: ☐ No Other Addresses

Address

City

State

Add Other Address

I authorize DHHS to conduct the following checks and release the following information to ONE SOURCE THE BACKGROUND CHECK COMPANY
** This authorization is valid for a period of 6 months from the date you submit this form **

☒ Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:

a. Date of the alleged child abuse or neglect; and

b. The classification of the case pursuant to Neb. Rev. Stat. 28-720.
(i.e., Agency Substantiated or Court Substantiated).

☒ Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:

a. Date of the alleged adult abuse or neglect; and

b. The classification of the case pursuant to Neb. Rev. Stat. 28 - 376.
(i.e., Agency Substantiated or Court Substantiated). (i.e., Agency Substantiated or Court Substantiated).

Cancel

Submit

Click “Submit” when done

Step 3:

Select “Online Verification” – NOTE: The fee are paid/billed to the organization. There is no cost for completing these steps for the individual.

Check Request: 80497775

Begin Check Enter Information **Verification Method** Online Payment ID Verification Submitted to DHHS Check Complete

Verification Method

All applicants for Central Registry checks must have their identity verified. This is required under Nebraska Revised Statute 28-725.

Verification Type

☐ Online Verification (Additional Charges Apply)

☐ Upload Notarized Document

Cancel Next

Click “Next” when finished.

Step 4:

The system will ask you 3-5 question in an attempt to verify your identity. (example below).

Check Request: 80497775

Begin Check Enter Information Verification Method Online Payment **ID Verification** Submitted to DHHS Check Complete

ID Verification

In which of the following states did you live when your social security number was issued?

☒ California

☐ Colorado

☐ Vermont

☐ Washington

☐ None of the above

Next

If the system successfully verifies your identity you will see the below screen when you click “Next” on the final question.

Check Request: 80497775

Begin Check Enter Information Verification Method Online Payment ID Verification Submitted to DHHS Check Complete

Submitted To DHHS

Your check request has been submitted to DHHS and is in process. Check back later to see the results. The process may take up to 2 weeks to complete.

[Return To Home Screen](#)

If the system is not able to verify your identity a page will load asking that you print off a verification form. You will need to print this form and take it along with your photo ID to a notary. Once it is notarized you will scan and save it to your computer. Then follow the link at the beginning of these instructions and on that page click the “Home” link at the top of the page. Then click the blue “Continue Check Request” Button.

You will be asked for your request # and the pin you created The request number was emailed to you when you first entered the online portal and is also in the upper left corner of the form you took to be notarized. Once you have logged in you can “Browse” and Upload the notarized form. When you click “Upload” you should then be taken to the page below.

Check Request: 80497775

Begin Check Enter Information Verification Method Online Payment ID Verification Submitted to DHHS Check Complete

Submitted To DHHS

Your check request has been submitted to DHHS and is in process. Check back later to see the results. The process may take up to 2 weeks to complete.

[Return To Home Screen](#)