

CAN User Guide

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1. Navigating the KOG System

Open your browser and enter the following URL: <https://kog.chfs.ky.gov>

Step 1:

- Select [Sign In](#) if you already have a KOG account.
- Select [Create Account](#) if this is your first time logging in.


Sign In:

Please use the **email address** and **password** used when your **KOG** account was **created**.

1. Enter your **Email Address**.
2. Click on **Next**.
3. Enter your **Password**.
4. Click on **Verify**.

KENTUCKY
ONLINE GATEWAY

Sign in with your Kentucky Online Gateway (KOG) Account (UAT)


Email Address 

Next


[Create New Account](#)
[Resend Account Verification Email](#)


English ▼ [Help](#)

KENTUCKY
ONLINE GATEWAY



Verify with your password

 canuat.citizen@keups.net

Password 

Verify

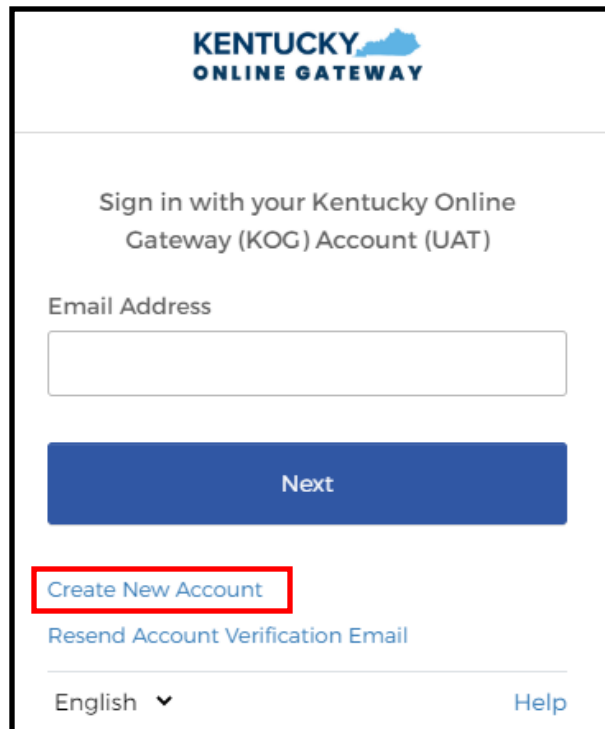
[Forgot password?](#)
[Back to sign in](#)

English ▼ [Help](#)

Create Account:

The following screen will open when **Create Account** is selected. **Make note** of the **email address** and **password** used to create the account. This will be your **account login** information.

1. Click on **Create New Account**.
2. **Enter all required information** marked with a red asterisk (*).
3. Click on **Sign Up**.



KENTUCKY
ONLINE GATEWAY

Sign in with your Kentucky Online Gateway (KOG) Account (UAT)

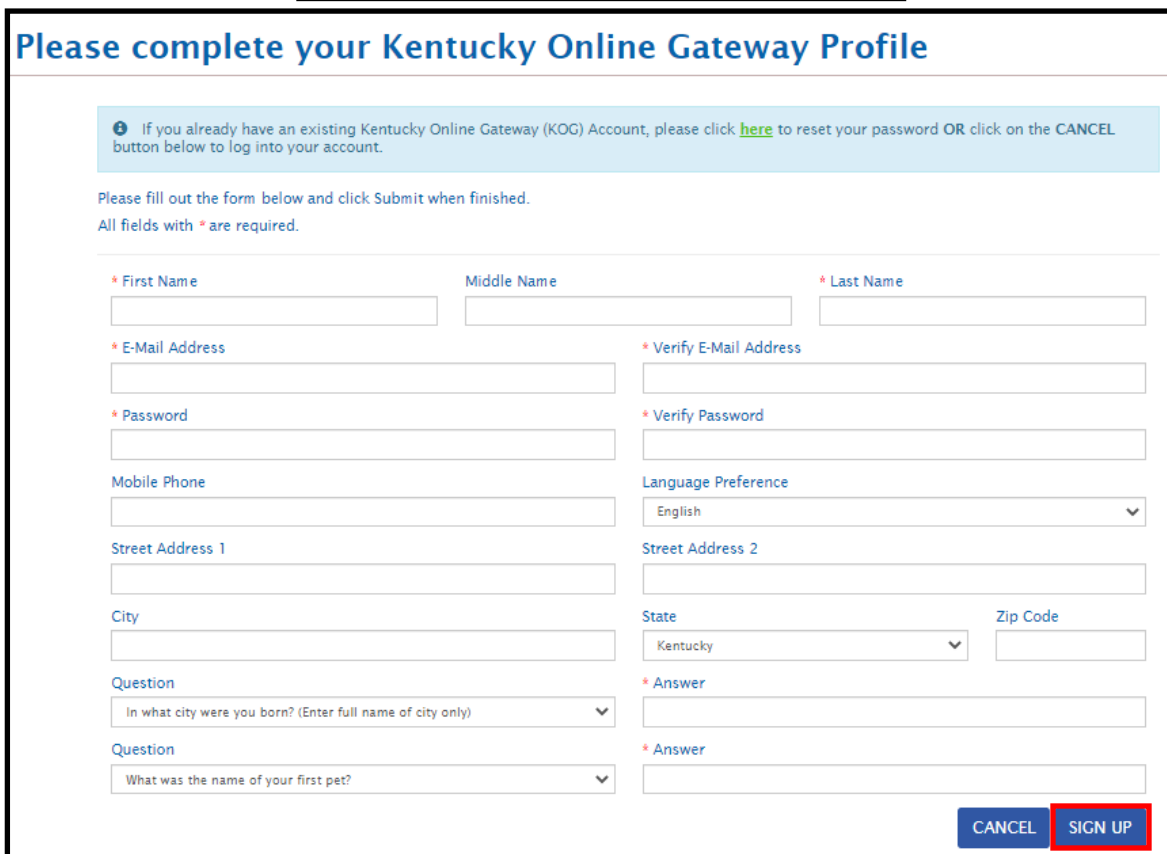
Email Address

Next

Create New Account

Resend Account Verification Email

English ▼ Help



Please complete your Kentucky Online Gateway Profile

❓ If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the CANCEL button below to log into your account.

Please fill out the form below and click Submit when finished.
All fields with * are required.

* First Name Middle Name * Last Name

* E-Mail Address * Verify E-Mail Address

* Password * Verify Password

Mobile Phone Language Preference

Street Address 1 Street Address 2

City State Zip Code

Question In what city were you born? (Enter full name of city only) ▼ * Answer

Question What was the name of your first pet? ▼ * Answer

CANCEL SIGN UP

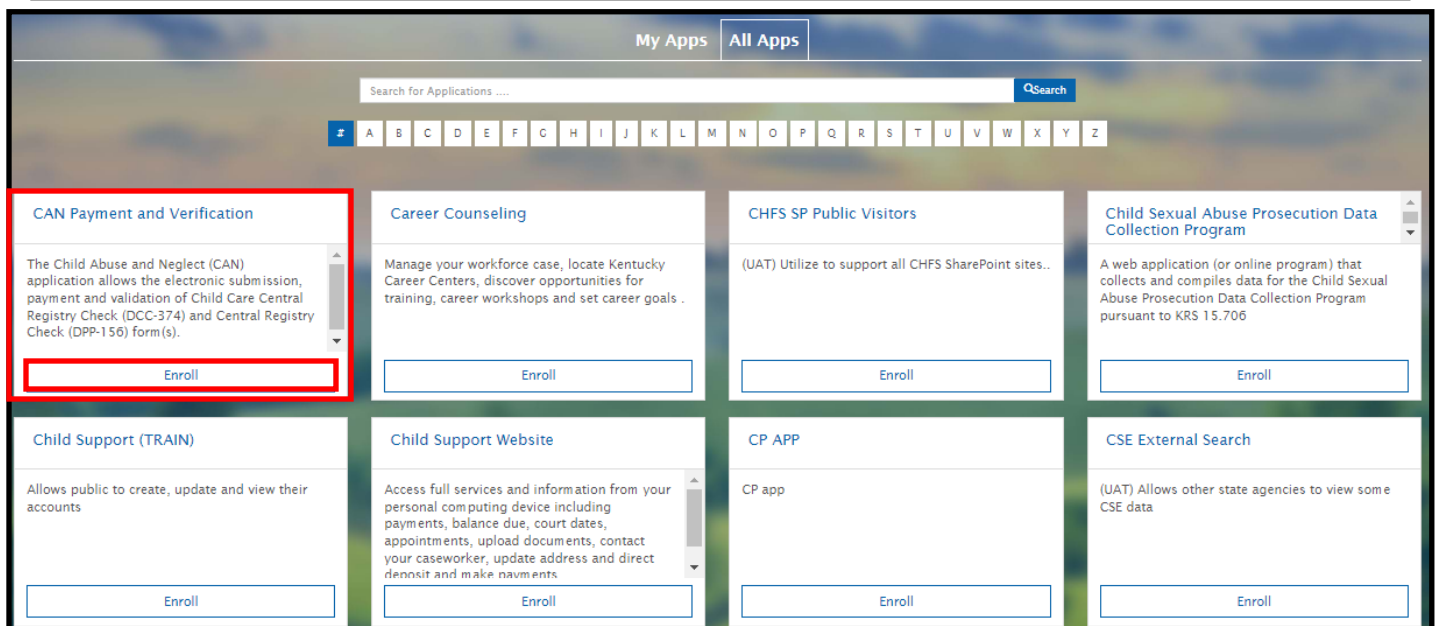
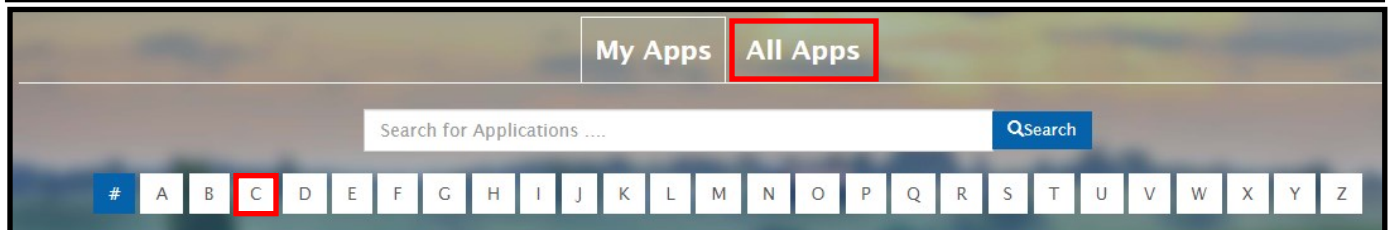
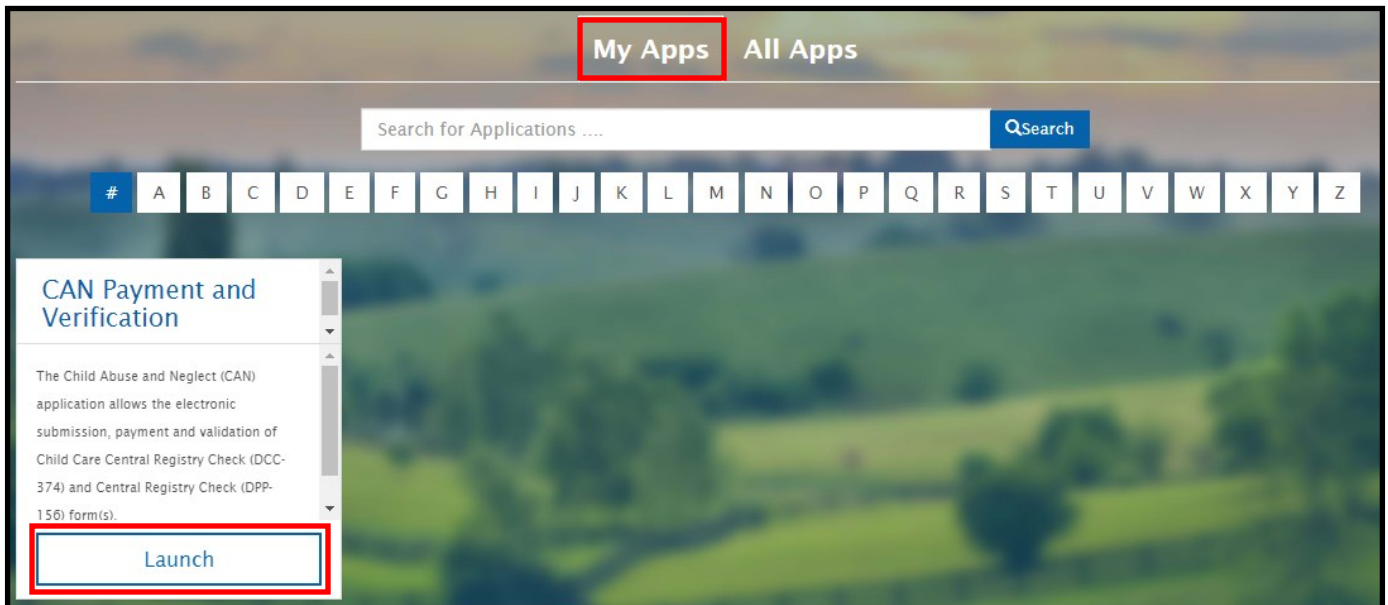
Step 2: Launching CAN Payment and Verification:

On the **My Apps Home Page**:

1. Click on **Launch**.

If the **CAN Payment and Verification** app does not **automatically** appear on your **KOG** home screen under **My Apps**, please follow the below steps.

1. Click on **All Apps**.
2. Select the Letter '**C**' from the **Alphabet List**.
3. Select '**CAN Payment and Verification**' from the **Apps** listed.
4. Click on **Launch**.



Application Compatibility:

- Google Chrome
- Mozilla (Fire Fox)
- Internet Explorer
- Microsoft Edge
- Safari on Android and iOS devices

2. CAN Payment and Verification: Public Facing Portal

The **Public Facing Portal** is for **Citizens** who can create an account using their personal email address and log into the application for the purpose of **Registration** checks for **Certification Programs**.

2.1 Landing Page/Home Page

The screenshot shows the landing page of the Kentucky.gov CAN Payment and Verification system. The header includes the Kentucky.gov logo, the title 'CAN Payment and Verification', a welcome message for a user named 'canuat.citizen@keups.net', and a link to the 'CAN User Guide'. The main navigation bar has links for 'Home', 'My Dashboard', 'Employer Dashboard', and a 'Form' dropdown menu. A technical support notice is displayed below the navigation bar. The page is divided into three main sections: 'Welcome', 'Instructions', and 'Contact'. The 'Welcome' section provides a brief overview of the system. The 'Instructions' section details the steps for submitting a request, including the types of checks (DCC-374, DPP-156) and the required documents (parental consent form, signed copy of the current DPP-156). The 'Contact' section provides information on how to submit a request and where to go for technical support.

2.2 Forms

2.2.1 Submitting a CAN Request

Select the appropriate request type from the Form dropdown options.

2.2.1.1 Child Care Central Registry Check (DCC-374)

This form is applicable for Employment of Volunteerism with a **Daycare Provider ONLY**.

2.2.1.2 Central Registry Check (DPP-156)

This form is applicable for all **Child Abuse checks**, including the Child-Placing Agencies, Residential Child-Caring Facilities, Schools, Camps, Supports for Community Living (SCLs), Various Waiver Programs, Etc.

2.2.1.3 Public Child Welfare Worker Certification Program (PCWCP)

This form is filed for **Admission** in the **Public Child Welfare Worker** program.

The screenshot shows the 'Form' dropdown menu on the Kentucky.gov CAN Payment and Verification page. The dropdown menu is open, displaying three options: 'Child Care Central Registry Check (DCC-374)', 'Central Registry Check (DPP-156)', and 'Public Child Welfare Worker Certification Program'. The dropdown menu is highlighted with a red box. The background of the page shows the same header and navigation bar as the previous screenshot.

2.2.2 Form Submission Steps:

***The Submission Steps are the same for both the DPP-156 and DCC-374 form. Only the Applicable Regulation is different. Once the Applicable Regulation for either form is selected proceed to #2 Personal Information.**

2.2.2.1 Child Care Central Registry Check Form (DCC-374)

1. Applicable Regulation: Select the **Regulation** that **authorizes** a **CAN** check to be conducted.

***If none** are applicable, specify the reason you are requesting the **CAN** check in the **Other** box field.

***If this is for a School Course** under **Other** please make sure to enter the **School name and what it is for**.

Example: Western Hills, Home Education class or Midway College, Education course.

CHILD CARE CENTRAL REGISTRY CHECK	
<p>* STATE AND/OR FEDERAL LAW REQUIRES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR SERVICE AS A CHILD CARE/DAY CARE STAFF MEMBER FOR THE FOLLOWING:</p>	
<div><input type="checkbox"/> A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)</div> <div><input type="checkbox"/> A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)</div> <div><input type="checkbox"/> A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)</div> <div><input type="checkbox"/> Private Child Care Employee (KRS 199.466)</div> <div><input type="checkbox"/> Out of State Child Care Employee (42 U.S.C. 9858f, 45 C.F.R. 98.43)</div>	
<p>Other (If you are requesting this check due to it being required for an out of state employer, please include the statutory or regulatory authority for that state that requires the check be completed. If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request. If a regulation or statute is not listed, your request will be cancelled and no refund will be issued.):</p> <div></div>	

2.2.2.2 Central Registry Check Form (DPP-156)

1. Applicable Regulation: Select the **Regulation** that **authorizes** a **CAN** check to be conducted.

***If none** are applicable, specify the reason you are requesting the **CAN** check in the **Other** box field.

***If this is for a School Course** under **Other** please make sure to enter the **School name and what it is for**.

Example: Western Hills, Home Education class or Midway College, Education course.

CENTRAL REGISTRY CHECK	
<p>* FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:</p>	
<div><input type="checkbox"/> Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)</div> <div><input type="checkbox"/> Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)</div> <div><input type="checkbox"/> Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)</div> <div><input type="checkbox"/> Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)</div> <div><input type="checkbox"/> Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)</div> <div><input type="checkbox"/> Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)</div> <div><input type="checkbox"/> Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)</div> <div><input type="checkbox"/> Michelle P. Waiver (Required by 907 KAR 1:835)</div> <div><input type="checkbox"/> Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)</div> <div><input type="checkbox"/> Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)</div> <div><input type="checkbox"/> Children's Advocacy Center (Required by 922 KAR 1:580)</div> <div><input type="checkbox"/> Court Appointed Special Advocate(CASA) (Required by KRS 620.515)</div> <div><input type="checkbox"/> Personal Care Attendant (Required by 910 KAR 1:090)</div>	
<p>Other (If you are requesting this check due to it being required for an out of state employer, please include the statutory or regulatory authority for that state that requires the check be completed. If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request. If a regulation or statute is not listed, your request will be cancelled and no refund will be issued.):</p> <div></div>	

2. Enter Personal information: All Personal Information fields are required.

1. If either **Middle Name** or **Maiden/Nick Name/Other** is not applicable enter **N/A**.
2. If you do **not** have a **Social Security** or **Taxpayer Identification** number, please **enter** all **9s** in the **SSN** field and then use the **Other** box under **Regulations** to **explain why** you are using all 9s.

Personal Information

Personal information regarding the individual submitting to a child abuse or neglect check

* First Name

Ex. John

* Middle Name

Ex. Jones

* Sex

-- Please select a Sex --

* Date of Birth

MM/DD/YYYY

* Date of Initial Hire

MM/DD/YYYY

* Last Name

Ex. Smith

* Maiden/Nick Name/Other

Ex. Dave

* Race

-- Please select a Race --

* Social Security/Individual Taxpayer Identification #

XXX-XX-XXXX

3.Entering Current Address: All fields are required except for Address Line 2 (optional)

1. If you have lived at your current address for longer than **5 years**, please mark the question as **Yes** and proceed to the **Employer Section**.
2. If you have lived at **other locations** in the **last 5 years**, please mark the question as **No**.

*If marked **No**, a second question will appear asking if your previous address is/was **International**.

If **Yes**, continue to the **Employer Section**.

If **No**, the **Previous Address** section will populate.

Click on **Add Previous Address**.

If you have **more** than one additional address, click on **Add Previous Address** again until you have entered all the necessary addresses.

Current Address

* Address Line 1

Ex. 123 Main St

* City

Ex. Frankfort

Address Line 2

Ex. Apt 10 Or Suite 200

* State

-- Please select a State --

* Zip Code

Ex. 12345

* Living at the current address longer than 5 years? ☒ Yes ☐ No

Current Address

*Address Line 1

Ex. 123 Main St

Address Line 2

Ex. Apt 10 Or Suite 200

*City

Ex. Frankfurt

*State

-- Please select a State --

*Zip Code

Ex. 12345

*Living at the current address longer than 5 years?

☐ Yes ☒ No

*Is your previous address International?

☒ Yes ☐ No

Current Address

*Address Line 1

Ex. 123 Main St

Address Line 2

Ex. Apt 10 Or Suite 200

*City

Ex. Frankfurt

*State

-- Please select a State --

*Zip Code

Ex. 12345

*Living at the current address longer than 5 years?

☐ Yes ☒ No

*Is your previous address International?

☐ Yes ☒ No

Previous Address

Please list your addresses for the last five years. Click "Add Previous Address" button to add more sections (if applicable)

+ Add Previous Address

4. Entering Employer/Agency Information: To authorize the results to be **shared** with an **Employer** or **Agency**, complete the required fields.

***If you only want the results to come to you, skip this section.**

1. If you want your **Employer** or **Agency** to receive a copy of your results, you **Must** check the box.

2. **Employer Name** and **Email Address** are **Mandatory** if the check box is **marked**.

1. Check with your **Employer or Agency** to determine which **email address** needs to be entered. This **Email address** should be the one used for their **KOG** login.

2. If an **email address** is entered that is **not** associated with a **KOG** login, you will get a message in red under the email box stating the **Employer address does not exist in the system or is incorrect**.

*Results will **not** be mailed to an **Employer or Agency**. Only valid emails associated with a **KOG** account will have the results sent to them **electronically**.

Employer / Agency Information

☐ In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency. Results will not be mailed

Employer / Agency Information

☒ In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency. Results will not be mailed

*** Name**

*** Email Address**

Address Line 1

Address Line 2

City

State

Zip Code

Employer / Agency Information

☒ In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency. Results will not be mailed

*** Name**

Please Enter the Name

*** Email Address**

Employer email address does not exist in the system or is incorrect

5. View/Upload Documents:

1. At least **one** form of **Supporting documentation** from the below list is required.

Valid Driver's License or State ID
Birth Certificate
Social Security Card or Individual Taxpayer ID
Passport or Work ID

1. The **document file type** will need to be one of the following file types listed below.

.JPEG
.PNG
.BMP
.PDF

2. Please ensure that the **document image** is **clear** and can be **clearly recognized**.

3. Make sure that the **file size** is **2mb or smaller**.

4. If you are **under** the age of **18**, a copy of the completed **Parental Consent** form must be **uploaded** along with your **supporting documentation** from the above list.

*This form can be found on the **Home Page** under the **Instructions Section**.

5. Enter a **Document Description**.

6. Click on **Choose File**. Select the file and click on **Open**. The document file name will appear beside Choose File.

7. Click on **Upload** to **Add** the Document to your request.

8. After uploading the required document/documents, **Select** one of the following:

1. **Save and Add Applicant**: This will save the current request and **add** a request for an additional Individual.

***Up to 10 CAN checks can be processed under one submission.**

2. **Save**: This will save the current request to be submitted later.


*The request will display at the bottom of the screen under **Dashboard** to be viewed or edited.

3. **Submit**: This will save the request and proceed to the **Payment Portal**.

*A **confirmation screen** will populate prompting you to either **Cancel** or **Continue to Submit**.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID.
*Approved file types: .JPEG, .PNG, .BMP or .PDF.
*Please ensure that the supporting document image is clearly recognizable and file size is less than 2 MB.
*If you are under the age of 18, you **MUST** upload the **parental consent form**.

* Document Description 

Please enter supporting document name

Choose File No file chosen

Upload

Save And Add Applicant **Save** **Submit**

Instructions

To begin a new request, select the correct form from the Form Menu located in the upper left hand corner.

- For requests related to a licensed, certified or registered child care or an out of state child care employee, please complete the Child Care Central Registry Check (DCC-374).
- For all other child abuse neglect checks, please complete the Central Registry Check (DPP-156).
- **FOR MINORS UNDER THE AGE OF 18, you must upload the parental consent form in order for your request to be processed. The request will be denied and your money will not be returned if this item is not uploaded.**
- Child Abuse Neglect checks are for **EMPLOYMENT/VOLUNTEERS** purposes **ONLY**. If you need records for any other reason, please contact CHFSDCBS.RMS@ky.gov

The CAN Payment and Verification database requires a social security or taxpayer identification number. If you do not have a social security or taxpayer identification number, please submit a paper DCC-374(EN / SP) or DPP-156(EN / SP).

The CAN Payment and Verification Database does not accept international addresses. Please list US addresses only.

Please make sure to include an employer/agency name and email address on your request. This allows results to go directly to the employer/agency.

For DPP 156 request only: Agencies requesting Central Registry Checks on behalf of their employees, potential employees, or volunteers must upload a signed copy of the current DPP-156 (R. 8/2019) EN / SP form.

To check the status of a previously submitted request, select My Dashboard in the upper left hand corner

Confirm Submit

There are 1 application(s) in this submission. Please verify provided information is correct and that any scanned documentation type is legible. No refunds shall be issued regardless of circumstances for submitted CAN check requests.

If you agree, Please click "Submit" to continue otherwise click "Cancel"

Cancel

Submit

6. Missing Documentation: If there is any application that is **missing** the required documentation an **upload message** will display indicating which individual/individuals need documentation uploaded prior to submission.

- To **add** missing document to the request and resubmit.
 - Return** to the **My Dashboard**.
 - Select **Edit** to edit the specific individual request and **add** the required documents to the request under the **View/Upload Document** section.
 - Make sure that the **Document** being added is an **accepted** document.
 - Upload** document and click on **Submit**.
- Requests** that are **missing** information will be indicted by a red **Y** within the **Document Missing** column.

Upload

Please upload at least one document for the below applicant

1. Jane Doe

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
446	478		testtwo	documenttwo	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete
444	477		testone	documenttest	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
447	479		Nancy	Grace	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

7. Removing Individuals:

- To **remove** an individual from a **Batch** that has been saved but not submitted follow these steps.
 - Go to **My Dashboard**.
 - *A request that you have created as a **Batch** submission will have the same **Batch ID** and will be highlighted in red.
 - To **remove** one or more individuals from a **batch** with the status of **Saved**, click on **Delete** next to the individual you wish to remove. A **Confirm Delete** screen will populate. Select either **Yes** or **No**.
 - Repeat** until **all** individuals that need to be removed have been **removed**.
 - Once all needed individuals have been removed, select **Edit** to **submit** the remaining individuals on the current batch and scroll to the bottom of the form and select **Submit**.
- An **Individual** that has been **deleted** from a **batch** will show on the grid with their own **Batch ID** with the status of **Deleted**.
 - The request **may** be **submitted** on it's **own**.
 - Click on **Retrieve** next to the Individual. A **Confirm Retrieve** screen will populate. Select either **Yes** or **No**.
 - The **status** will now show as **Saved** rather than **Deleted**.
 - To **submit** the request select either **View** or **Edit** and scroll to the bottom of the form and select **Submit**.

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
446	478		testtwo	documenttwo	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete
444	477		testone	documenttest	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
447	479		Nancy	Grace	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
448	481		John	Brown	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
448	480		Jane	Doe	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete

Confirm Delete From Batch

Are you sure want to delete from batch

Application Id 486
 Batch Id 452
 First Name Leslie
 Last Name Major

No Yes

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
453	486		Leslie	Major	DCC	11/19/2020	11/19/2020	Deleted		View	Edit	Print	Retrieve
452	485		Sally	Jones	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	484		Ken	Smith	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

Confirm Retrieve Again

Are you sure want to retrieve again

Application Id 486
 Batch Id 453
 First Name Leslie
 Last Name Major

No Yes

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
453	486		Leslie	Major	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	485		Sally	Jones	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	484		Ken	Smith	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

8. Payment:

*Once the **DPP-156** or **DCC-374** form is **submitted**, the **payment** screens will populate.

Please note that there will be no refunds given for any reason.

1. There are **two** options to complete the **Payment** process.

1. **Agency Payment Code:** Select this option if you **belong** to a **specific organization** that has an **Agency Payment Code** assigned to them.

1. If **Agency Payment Code** is selected, **Select the Customer Type** from the dropdown menu.

2. Enter the **Agency Payment Code** associated with your organization.

3. Click on **Proceed to E-Sign**.

2. **Pay by Credit/Debit Card:** Select this option and **Proceed** to the **Payment Screen**.

1. Click on **Proceed to E-Sign**

2. The **E-Signature** page will populate. **Review** this page before clicking on **Sign & Pay**.

***To edit or upload** another document **prior to payment** click on **Go To Dashboard**.

3. See the **Receipt** panel about **printing a copy** of your payment receipt for your records.

4. Once **Sign & Pay** is selected you will be directed to the **Secure Payment** screen.

5. Enter your **credit/debit card** information on the **Select Payment Type** screen.

***The fee is \$10 per CAN check application**

6. All fields are **required except** for **Address Line 2** and **Email Address**.

***A copy of your receipt will be emailed to you if an email address is provided.**

7. Select **Next** to continue to the **Payment Overview**.

8. Select **Pay Now** if all details are correct to **finalize** payment.

***After successfully submitting payment, a CAN Check Request Receipt will be displayed with a Confirmation number of the payment and can be printed or emailed.**

9. Click on **Complete Payment** and **Return to CAN** to complete payment and return to the CAN application dashboard.

If Complete Payment and Return to CAN is not selected the application will not finish being submitted for review.

10. Once the **Payment** is **complete** a **confirmation** screen will populate and an email will be sent to the address on file for the application.

***A Case Number will be given starting with CHRS.**

11. The **status** of the request will be updated to **Submit**.

****Note—Please allow up to 30 days for processing. When your results are complete you will receive a confirmation email at the address on file and you can return to your dashboard to view/print the results.****

The screenshot shows a web form titled "Customer" with a blue header. Below the header, there is a message: "If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue". The form contains two radio buttons: "Do you have Agency Payment Code?" with "Agency Payment Code" selected (indicated by a blue dot), and "Pay by Credit/Debit Card". Below the radio buttons, there is a dropdown menu labeled "Select customer type" with the text "-- Please Select Customer Type --". Below the dropdown menu, there is a text input field labeled "Agency Payment Code" with the placeholder text "Please enter coupon code here...". At the bottom right of the form, there is a red button labeled "Proceed to E-Sign".

The screenshot shows a web form titled "Customer" with a blue header. Below the header, there is a message: "If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue". The form contains two radio buttons: "Do you have Agency Payment Code?" with "Pay by Credit/Debit Card" selected (indicated by a blue dot), and "Agency Payment Code". At the bottom right of the form, there is a red button labeled "Proceed to E-Sign".

E-Signature

No refunds will be issued regardless of circumstances. Please verify that all information is correct and that the correct documentation is uploaded before submitting. Requests cannot be edited after submission. To upload documents prior to payment, please return to the dashboard by clicking "Go To Dashboard", edit the saved request, scroll down to View/Upload Documents and upload appropriate documentation. Per Kentucky Revised Statutes, please allow up to 30 days for processing your request.

Please ensure that you click the "Submit and Return to CAN" button after you enter your payment information on the next screens. Your final confirmation screen will include a case number that begins with "CHRS" for your request. If you do not see this, your request has not been submitted into the CAN system for processing.

[Sign & Pay](#)[Go To Dashboard](#)

Receipt

To retain a copy of the payment receipt for your records, please use the print option on either of the two payment confirmation screens before returning to the dashboard. Receipt will be automatically sent to the email address which you have used for CAN.

CHFS Child Abuse & Neglect (CAN) Checks

Select Payment Type



Summary	
CAN Application Fee	\$10.00
Item Price: \$10.00	
Quantity: 1	
Sub Total	\$10.00
Total	\$10.00

Card Details

Card Number (required)	Expiration Date (required)	Security Code (required)
<input type="text"/>	01 ▼ 2022 ▼	<input type="text"/>

[Help](#)

Cardholder Details

Name (required)	Country (required)	
<input type="text"/>	United States ▼	
Address Line 1 (required)	Address Line 2	
<input type="text"/>	<input type="text"/>	
City (required)	State (required)	Zip Code (required)
<input type="text"/>	▼	<input type="text"/>

Email Address

Please enter your email address to receive a copy of your receipt via email.

[NEXT](#)

CHFS Child Abuse & Neglect (CAN) Checks

Visa Card Details

[EDIT](#)

Card Number *****1111

Expiration Date 1/2023

Cardholder Details

[EDIT](#)

Sunshine Care Bear

1 Care A Lot

Frankfort, KY 40601 United States

[PAY NOW](#)[Cancel and return to CHFS Child Abuse & Neglect \(CAN\) Checks](#)[Log in to pay with your Kentucky.gov eWallet!](#)

Summary

CAN Application Fee \$10.00
Item Price: \$10.00
Quantity: 1

Sub Total \$10.00

Total \$10.00

CHFS Child Abuse & Neglect (CAN) Checks

Thank you for your payment!

Your transaction has been submitted! Please print or e-mail a copy of this receipt for your records.

Note: You MUST click "Complete Payment and Return to CAN" at the bottom of this screen in order for your request to be processed.

Summary

[PRINT](#) [EMAIL](#)**Confirmation Number** 65396914

Account Holder Details

Payment Made: 09/29/2022 03:18 PM EDT

Payment Method: Visa Credit Ending With 1111

Sunshine Care Bear

1 Care A Lot

Frankfort KY 40601

Cart Items

Description	Price	Quantity	Extended Total
CAN Application Fee	\$10.00	1	\$10.00
Total			\$10.00

[COMPLETE PAYMENT AND RETURN TO CAN](#)

Kentucky.gov User?

We noticed that you are not logged in to Kentucky.gov. If you would like to view your receipt online after closing your browser, login now.

[LOGIN WITH KENTUCKY.GOV](#)[CREATE ACCOUNT](#)[Why get a Kentucky.gov account?](#)

Home **My Dashboard** Employer Dashboard Form ▾

Requestor Dashboard

Applicant Search

Case Number

Applicant First Name

Applicant Last Name

Form - Select Form - ▾

Status - Select Status - ▾

Submitted Date

[Applicant Search](#)

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
1179	1224	CHRS20220000008	Sunshine	Bear	DPP	9/29/2022	9/29/2022	Submitted		View	Edit	Print	Delete

Showing 1 to 1 of 1 entries (filtered from 164 total entries) Previous **1** Next

9. Printing/Saving:

Once your **CAN** check is **complete** you will be able to **view**, **print** and **save** the results.

1. **Launch** the **CAN Payment and Verification** app from the **KOG** apps page.
2. Go to **My Dashboard** and scroll down to where your application is listed.
3. Click on **Print**.
4. Click on the **dropdown** arrow next to the **Disk** image and select **PDF**.
5. Open the **PDF**, you will be able to **print and/or save** the completed **CAN** check.

Home **My Dashboard** Employer Dashboard Form ▾

Requestor Dashboard

Applicant Search

Case Number

Applicant First Name

Applicant Last Name

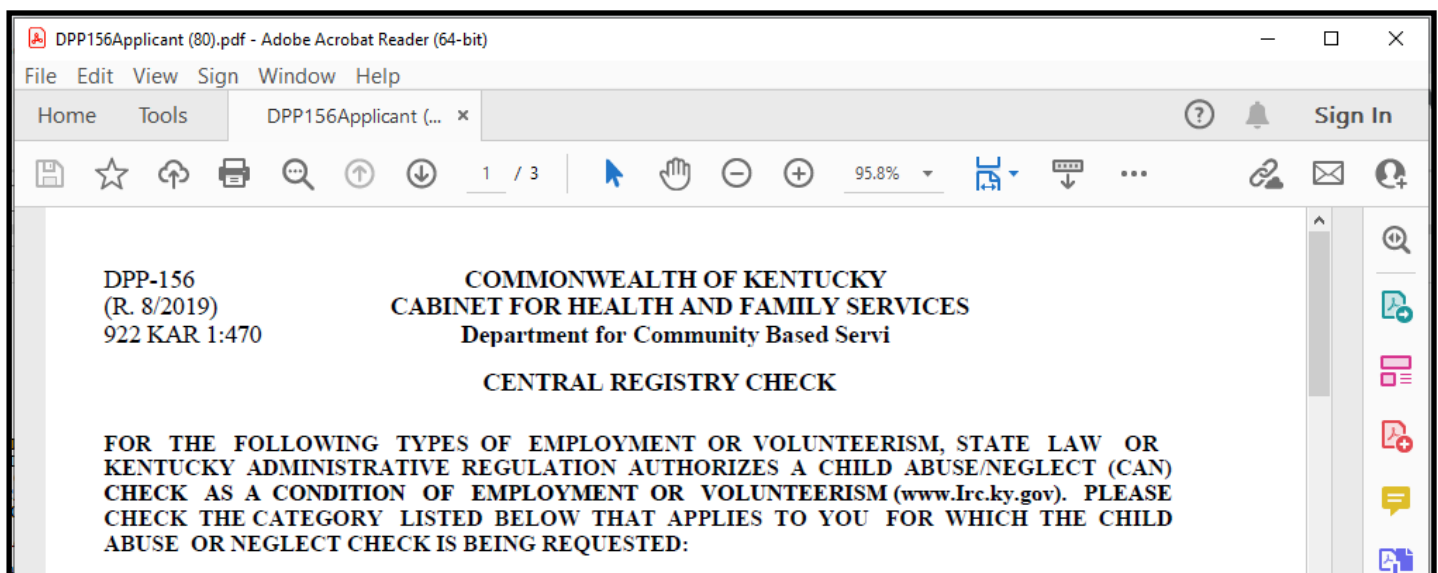
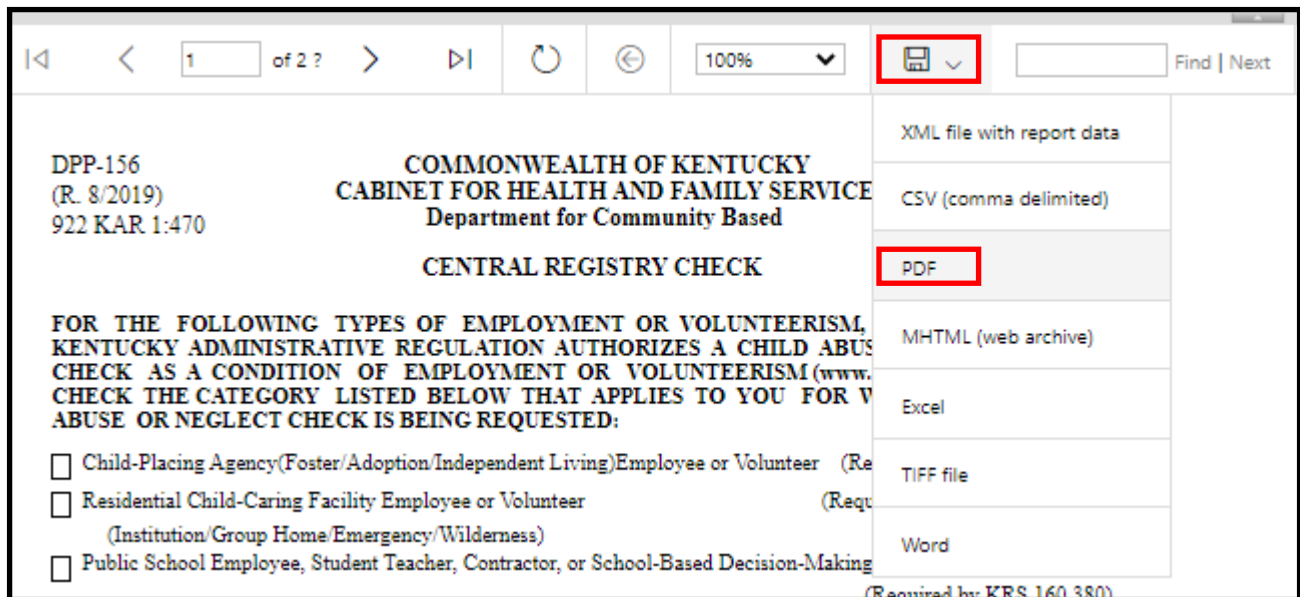
Form - Select Form - ▾

Status - Select Status - ▾

Submitted Date

[Applicant Search](#)

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print
1149	1185	CHRS20210000021	ytftyutyf	ytftyf	DPP	9/20/2021	12/10/2021	Completed		Result	Edit	Print



2.2.2.3 Public Child Welfare Worker Certification Program (PCWCP)

1. Personal Information:

1. **Complete** all fields under the **Personal Information** panel in order to **submit** the **PCWCP** form for **Admission to the Program**.
2. All fields are **mandatory except** Maiden/Nick Name/Other.
3. If you do **not** have a **Social Security** or **Taxpayer Identification** number, please **enter** all **9s** in the **SSN** field.
4. Once all **personal information** is complete, **Select** one of the following:
 1. **Save and Add Applicant:** This will save the current request and **add** a request for an additional Individual.
 ***Up to 10 CAN checks can be processed under one submission.**
 2. **Save:** This will save the current request to be submitted later.
 *The request will display at the bottom of the screen under **Dashboard** to be viewed or edited.
 3. **Submit:** This will save the request and proceed to the **Payment Portal**.
 *A **confirmation screen** will populate prompting you to either **Cancel** or **Continue to Submit**.
5. If you wish to **leave** the **PCWCP** screen click on **Go To Dashboard**.
6. To **add missing documents** see **Section 6. Missing Documents page 10**.
7. To **remove an individual** from a **Batch ID** see **Section 7. Removing Individuals page 10**.

PCWCP CHECK

Personal Information

Personal information regarding the individual submitting to a child abuse or neglect check

* First Name

Ex. John

* Last Name

Ex. Smith

* Middle Name

Ex. Jones

Maiden/Nick Name/Other

Ex. Dave

* Sex

-- Please select a Sex --

* Race

-- Please select a Race --

* Date of Birth

MM/DD/YYYY

* Social Security/Individual Taxpayer Identification #

XXX-XX-XXXX

* University

Ex. Kentucky State University

Save And Add Applicant

Save

Submit

Go To Dashboard

Confirm Submit

There are 1 application(s) in this submission. Please verify provided information is correct and that any scanned documentation type is legible. No refunds shall be issued regardless of circumstances for submitted CAN check requests.

If you agree, Please click "Submit" to continue otherwise click "Cancel"

Cancel

Submit

2. Payment:

*Once the PCWCP form is **submitted**, the **payment** screens will populate.

Please note that there will be no refunds given for any reason.

If you do not have an Agency Payment Code, Select the appropriate form to complete for a CAN check.

1. **Agency Payment Code:** Select this option if you **belong** to a **specific organization** that has an **Agency Payment Code** assigned to them.

1. If **Agency Payment Code** is selected, **Select the Customer Type** from the dropdown menu.

2. Enter the **Agency Payment Code** associated with your organization.

3. Click on **Proceed to E-Sign**.

2. The **E-Signature** page will populate. **Review** this page before clicking on **Sign & Pay**.

3. Once the **Payment** is **complete** a **confirmation** screen will populate and an **email** will be sent to the address on file for the application.

***A Case Number will be given starting with CHRS.**

4. The **status** of the request will be updated to **Submit**.

****Note—Please allow up to 30 days for processing. When your results are complete you will receive a confirmation email at the address on file and you can return to your dashboard to view/print the results.****

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please proceed to appropriate form

Do you have Agency Payment Code? ☐ Agency Payment Code

Select customer type -- Please Select Customer Type --

Agency Payment Code

Please enter coupon code here...

DCC DPP Proceed to E-Sign

2.3 Requester Dashboard (My Dashboard):

1. The **Requester Dashboard** contains a **list** of the **CAN** checks **requested** by the **Account Holder**.
2. It **Displays** the **Case Number**, **Individual's first and last name**, the **Form Type (DCC, DPP or PCWCP)**, **Date submitted**, the **date of last update**, the **CAN check Status** and the options to **View**, **Edit**, **Print** and **Delete**.
3. Once a **CAN** check application is **submitted** the **Status** will change from **Saved** to **Submitted**.
4. Once a **CAN** check application is **in process** the **Status** will change from **Submitted** to **Under Review**.
5. Once a **CAN** check application is **complete** the **Status** will change from **Under Review** to **Completed**.
6. If a **CAN** check application is **canceled** the **Status** will change from **Under Review** to **Canceled**.
If the application is canceled a New Application will need to be completed and submitted.
7. To **Print** and **Save** as a **PDF** the completed results, see **Section 9. Printing/Saving** page 15.

Home **My Dashboard** Employer Dashboard Form

Requestor Dashboard

Applicant Search

Case Number

Applicant First Name

Applicant Last Name

Form - Select Form -

Status - Select Status -

Submitted Date MM/DD/YYYY

Applicant Search

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
1149	1185	CHRS20210000021	ytftyfyfy	ytftyfyfy	DPP	9/20/2021	12/10/2021	Completed		Result	Edit	Print	Delete

2.4 Employer Dashboard:

1. The **Employer Dashboard** contains a **list** of **CAN** check applications that **requested** a copy be **shared** with the **Employer** as well as the **Applicant**.
2. An **application** that is **listed** here, an **Applicant** entered the **Email Address** under the **Employer/Agency Information** section on **their application**.
3. It **Displays** the **Case Number**, **Individual's first and last name**, the **Form Type (DCC, DPP or PCWCP)**, **Date submitted**, the **date of last update**, the **CAN check Status** and the options to **View** and **Print**.
4. Once an **application** has been **submitted**, that entered the **Email Address** of the **Employer/Agency**, that application will **display** with the **status** of **Submitted**.
5. Once the **application** is **complete** the **Status** will **change** from **Submitted** to **Canceled** or **Completed**.
6. The **results** can now be **viewed, saved and/or printed**.
If the application is canceled a New Application will need to be completed and submitted.
7. To **Print** and **Save** as a **PDF** the completed results, see **Section 9. Printing/Saving page 15**.

[Home](#) [My Dashboard](#) [Employer Dashboard](#) [Form](#)

Employer Dashboard

Applicant Search

Case Number

Applicant First Name

Applicant Last Name

Form

- Select Form -

Status

- Select Status -

Submitted Date

MM/DD/YYYY

Applicant Search

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	View	Print
1159	1204	CHRS20210000039	ufuygu	ufgugfu	DPP	10/12/2021	10/12/2021	Submitted	View	Print
1160	1205	CHRS20210000040	sdfsfd	gyugu	DCC	10/12/2021	10/12/2021	Submitted	View	Print
1119	1150	CHRS20200000038	Sai	Kishore	DPP	10/15/2020	10/15/2020	Completed	Result	Print

Showing 1 to 3 of 3 entries

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