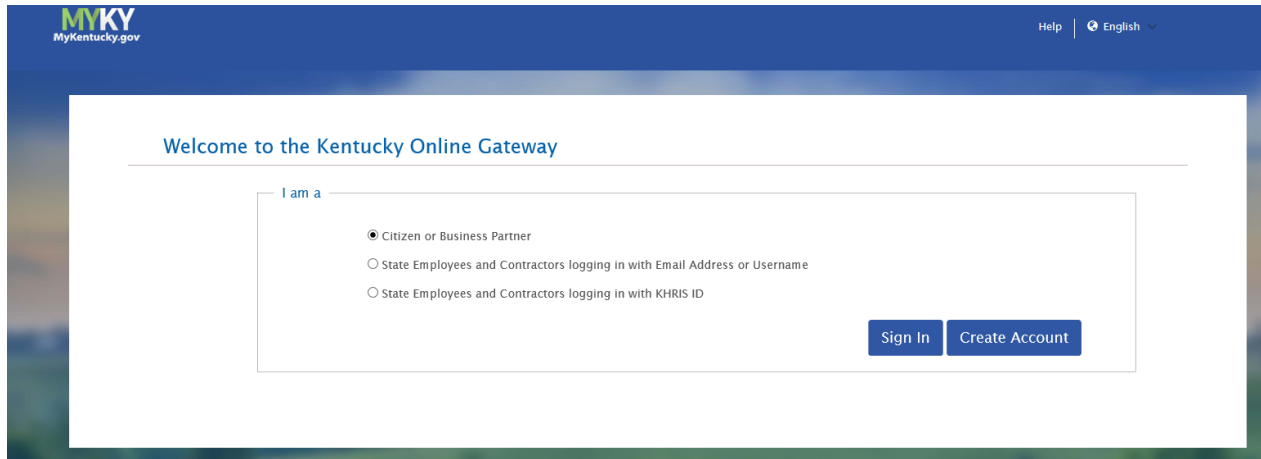


# KOG Onboarding for CAN Check Requests

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



Select **Citizen or Business Partner**. Click on **Create Account** button.

## Please complete your Kentucky Online Gateway Profile

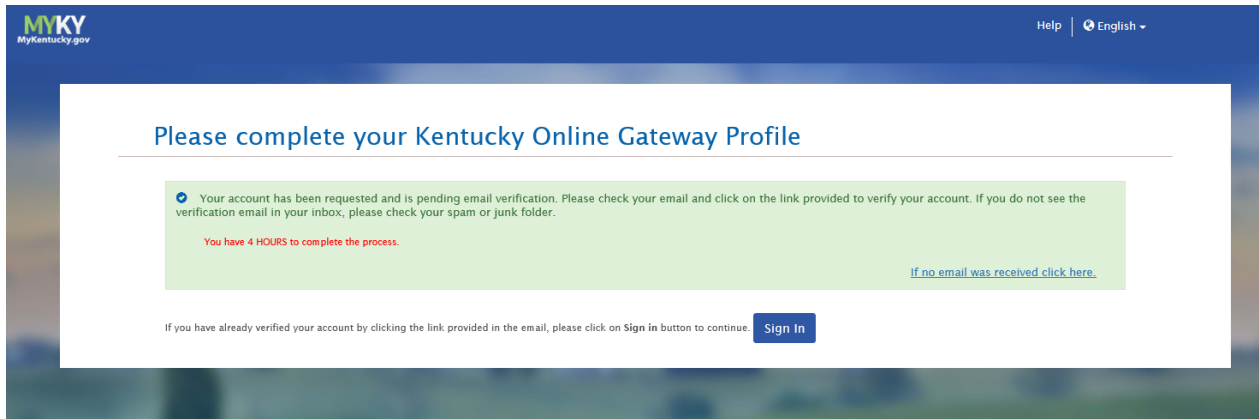
**i** If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the **Cancel** button below to log into your account.

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

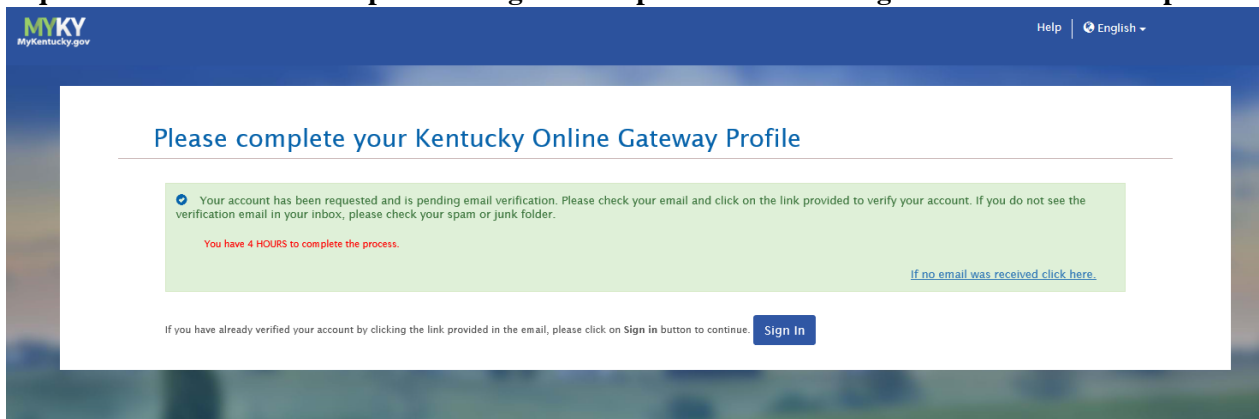
* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* E-Mail Address		* Verify E-Mail Address
<input type="text"/>		<input type="text"/>
* Password		* Verify Password
<input type="text"/>		<input type="text"/>
Mobile Phone		Language Preference
<input type="text"/>		English <input type="text"/>
Street Address 1		Street Address 2
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	Kentucky <input type="text"/>	<input type="text"/>
Question	* Answer	
In what city were you born? (Enter full name of city only)	<input type="text"/>	
Question	* Answer	
What was the name of your first pet?	<input type="text"/>	

**Cancel** **Sign Up**

Enter the required information on the displayed screen and click the **Sign Up** button to complete your KOG Profile. **NOTE: The provided E-Mail address will be used for the account username.**



A success message is displayed if required information was submitted. An E-Mail from [KOG\\_DoNotReply@ky.gov](mailto:KOG_DoNotReply@ky.gov) is automatically sent to the E-Mail address provided. **NOTE: The requestor has 4 hours to complete the registration process or a new registration must be completed.**



Access your E-Mail account and click on the activation link in the **Account Verification E-Mail** to complete validation of the requested KOG profile.

This email is to help you complete the last step of account set-up.

Your Citizen account username [REDACTED]

Click on the below link now, to activate your account.

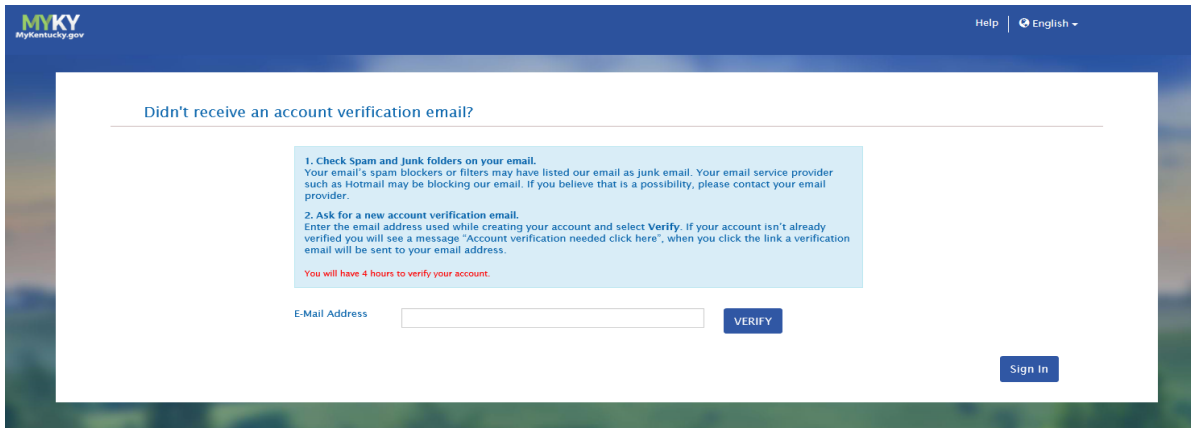
<https://kog.chfs.ky.gov/public/fvlink/?linkid=14408a3f-4cdd-4e0f-8332-67b8d1bf83a3>

[Click here for Help Desk contact information](#)  
Kentucky Online Gateway

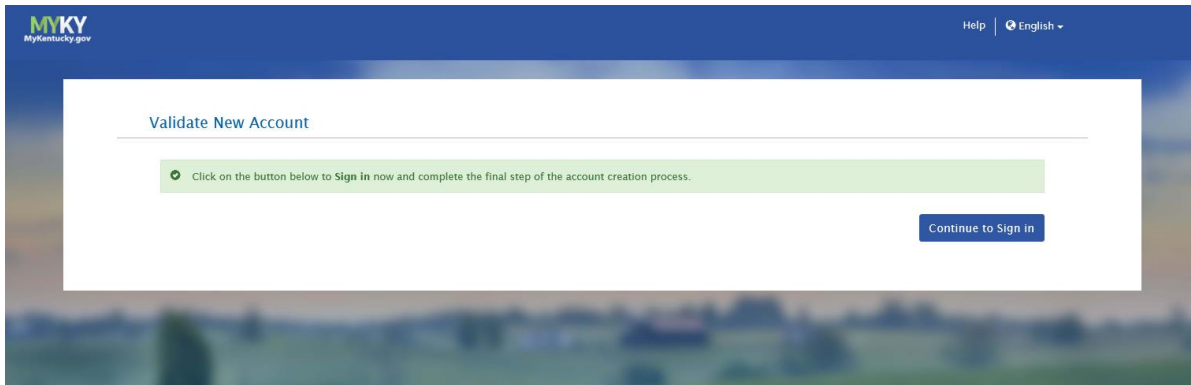
NOTE: Do not reply to this email. This email account is only used to send messages.

Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without permission. If you are not the person who was supposed to get this message, please destroy all copies.

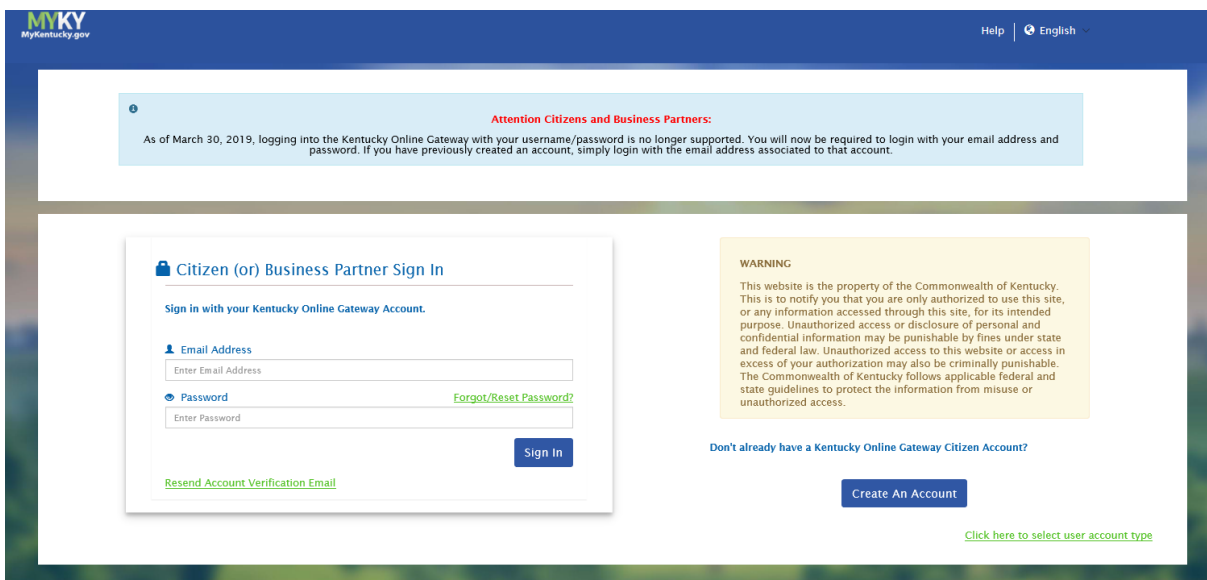
If an E-Mail is **not** received within 30 minutes, click on the **No E-Mail received** link. Enter the previously provided E-Mail address and click **Verify** to resend E-Mail.



Once the user clicks on the E-Mail activation link the requestor will be sent to the **Validate New Account** screen, where they will be prompted to **Continue to Sign In**.



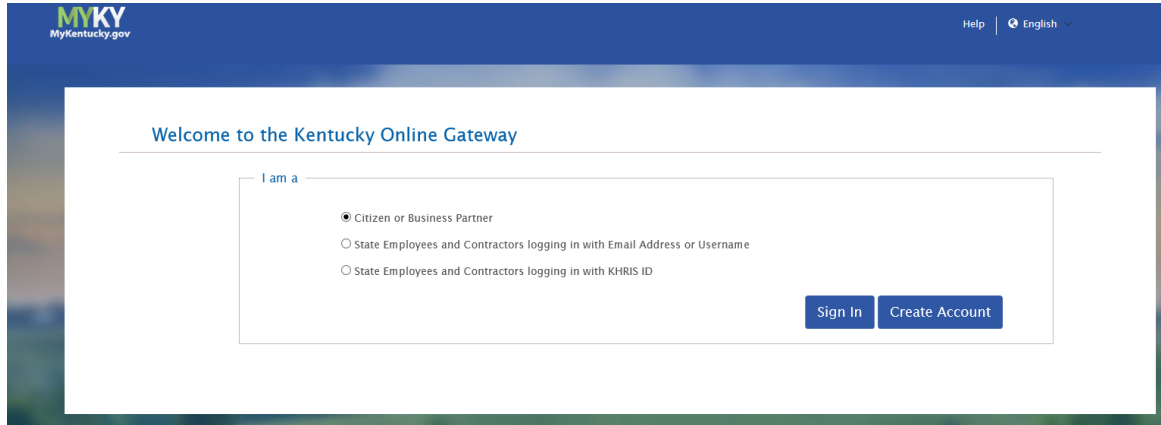
User will be redirected to the **KOG External Gateway Log In** screen. (You may want to save the URL to your Favorites.) Enter your username and password and click **Sign In**.



# CAN Check Request User Guide

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

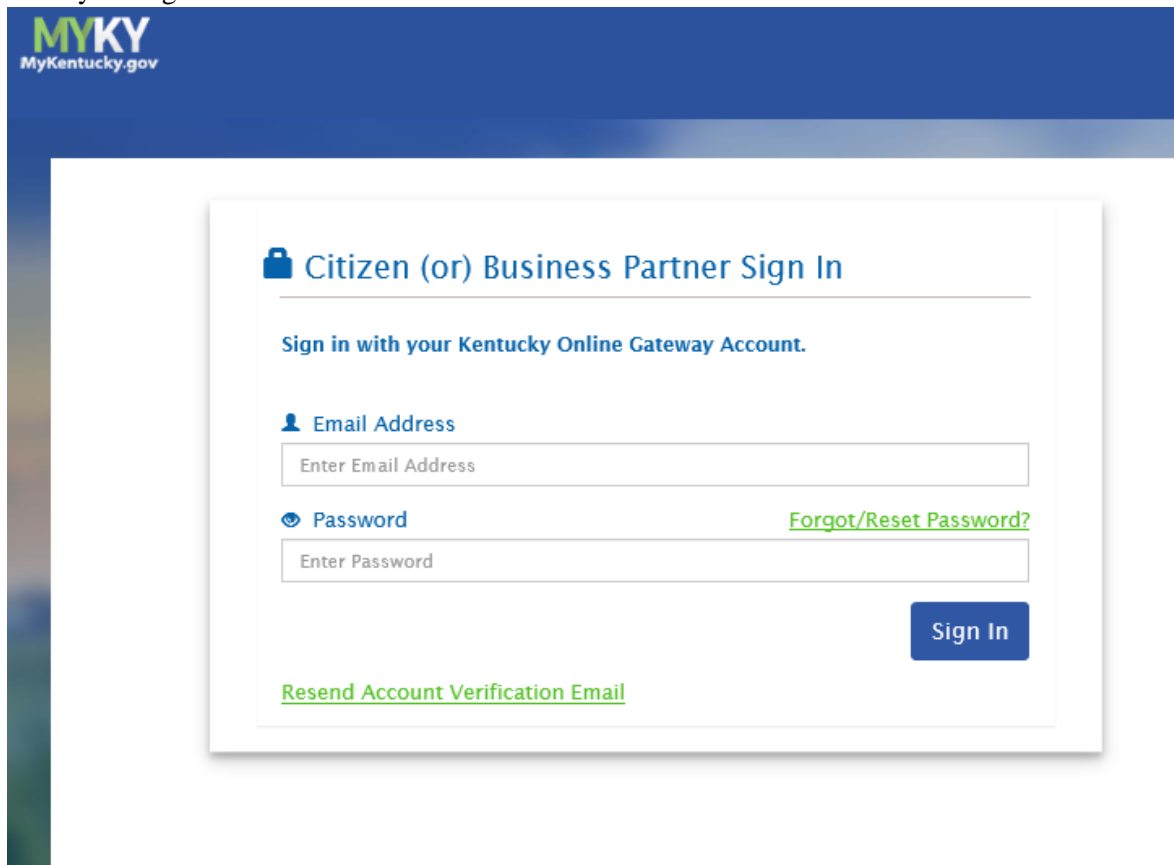
Select **Citizen or Business Partner** and Select **Sign In**



The screenshot shows the 'Welcome to the Kentucky Online Gateway' page. At the top left is the 'MYKY MyKentucky.gov' logo, and at the top right are 'Help' and 'English' dropdown menus. The main content area has a heading 'Welcome to the Kentucky Online Gateway' followed by a horizontal line. Below this is a form titled 'I am a' with three radio button options: 'Citizen or Business Partner' (which is selected), 'State Employees and Contractors logging in with Email Address or Username', and 'State Employees and Contractors logging in with KHRIS ID'. To the right of these options are two buttons: 'Sign In' and 'Create Account'.

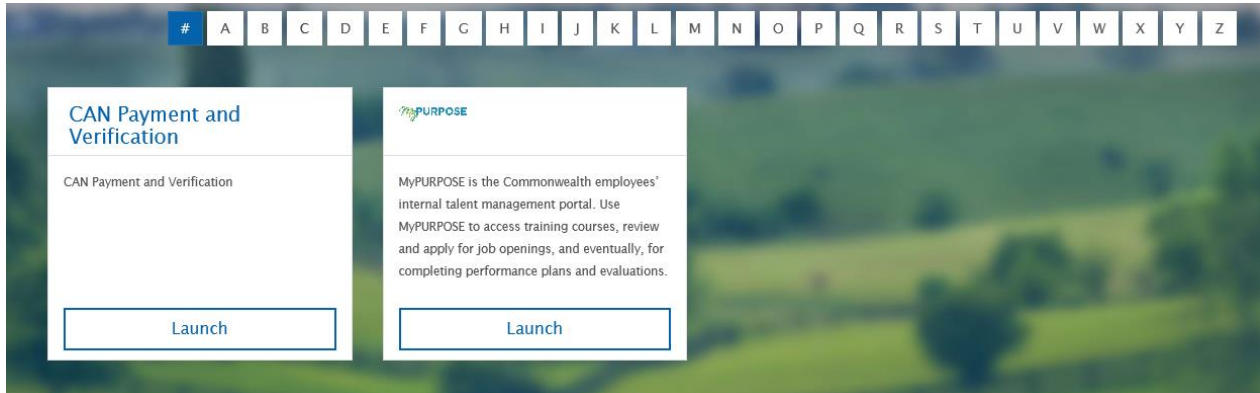
Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.

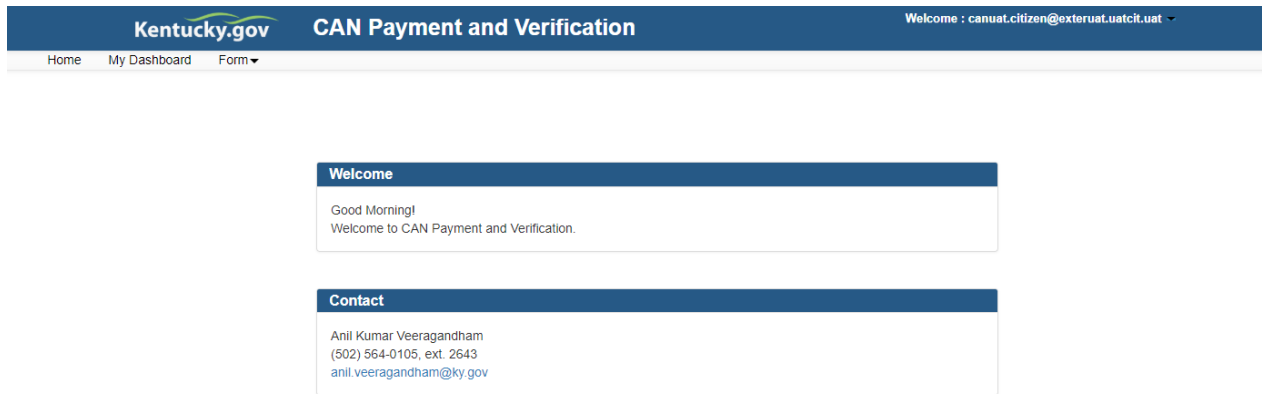


The screenshot shows the 'Citizen (or) Business Partner Sign In' page. At the top left is the 'MYKY MyKentucky.gov' logo. The main content area has a heading 'Citizen (or) Business Partner Sign In' with a lock icon. Below the heading is the instruction 'Sign in with your Kentucky Online Gateway Account.' followed by two input fields: 'Email Address' with the placeholder text 'Enter Email Address' and 'Password' with the placeholder text 'Enter Password'. To the right of the password field is a green link that says 'Forgot/Reset Password?'. Below the input fields is a blue 'Sign In' button. At the bottom left of the form is a green link that says 'Resend Account Verification Email'.

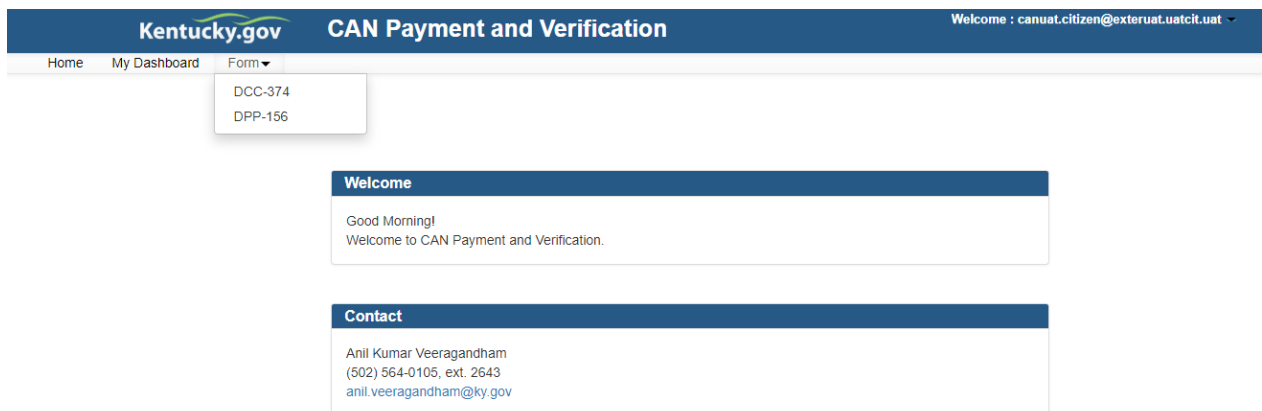
Select the letter “C” from the alphabet list and select **CAN Payment and Verification (Child Abuse and Neglect)** from the application list and click **Launch**.



The CAN Check Home screen will be displayed.



Select the desired request type from the **Form** dropdown (DCC-374 for Child Care Central Registry Checks or DPP-156 for Central Registry Checks)



Sections of the selected form annotated with a red \* are mandatory fields (Middle Name and Nick Name/Maiden name can have N/A entered if not applicable). A proof of ID (driver's license, birth certificate, or Social Security card) photograph must be attached to each request.

Approved file types are as follows:

- .JPEG
- .PNG
- .BMP
- .PDF

\* 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:

A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)  
 A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)  
 A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)  
 Private Child Care Employee (KRS 199.466)  
 Out of State Child Care Employee (42 U.S.C. 9858f, 45 C.F.R. 98.43)

Other  
 (If none of the above category is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

---

**Personal Information**

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

\* First Name  \* Last Name

Middle Name  Nick Name

\* Sex  \* Race

\* Date of Birth  \* Social Security #

\* Date of Initial Hire

---

**Current Address**

\* Address Line 1  Address Line 2

\* City  \* State  \* ZipCode

\* Living at the current address longer than 5 Years?  Yes  No

---

**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

---

**View / Upload Documents**

\* Upload Supporting Document  
 No file chosen

To Save the current request to your dashboard prior to payment select **Save**.

To Save and additional requests to submission (up to 10 CAN checks per submission) select **Save and Add Applicant**.

To submit requested CAN Check(s) for payment select **Submit**.

The screenshot shows a web form with three main sections:

- Current Address:** Includes fields for Address Line 1 (Ex. 123 Main St), Address Line 2 (Ex. Apt 10 Or Suite 200), City (Ex. Frankfort), State (dropdown menu: -- Please select a State --), and ZipCode (Ex. 12345). There is also a checkbox for "Living at the current address longer than 5 Years?" with Yes and No options.
- Employer / Agency Information:** Contains a checkbox: "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".
- View / Upload Documents:** Features an "Upload Supporting Document" section with a "Choose File" button (showing "No file chosen") and an "Upload" button.

At the bottom right, there are three buttons: "Save & Add Applicant" (blue), "Save" (green), and "Submit" (green).

Upon Submission, you will be presented with the payment selection screen.

The screenshot shows a payment selection screen with the following elements:

- Header: "Customer"
- Text: "If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue"
- Form: "Do you have Agency Payment Code?" with radio buttons for "Agency Payment Code" (selected) and "Pay by Credit/Debit Card".
- Button: "Proceed to E-Sign" (blue)

If you work for an organization that has been issued a payment processing code select **Agency Payment Code**. Select your customer organization from the drop down and enter the assigned Agency Payment Code for your selected organization. Then Select **Proceed to E-Sign**.

This screenshot shows the payment selection screen with additional fields:

- Header: "Customer"
- Text: "If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue"
- Form: "Do you have Agency Payment Code?" with radio buttons for "Agency Payment Code" (selected) and "Pay by Credit/Debit Card".
- Form: "Select customer type" with a dropdown menu (value: "-- Please Select Customer Type --").
- Form: "Agency Payment Code" with a text input field (placeholder: "Please enter coupon code here...").
- Button: "Proceed to E-Sign" (blue)

If you wish to pay by credit card/debit card select **Pay by Credit/Debit Card**. Then select **Proceed to E-Sign**.

Confirm your electronic signature and select **Sign and Pay**.

**E-Signature**

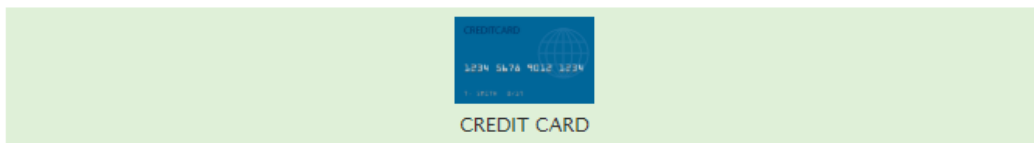
I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information. All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all the information needed, I may be subject to prosecution for fraud.

Signature	Date and Time
<input type="text" value="canuat citizen"/>	<input type="text" value="5/13/2019 1:57:03 PM"/>

[Sign & Pay](#)

Enter your credit card/debit card information on the **Select Payment Type** screen (there is a fee of \$10 per CAN Check request submitted). Select Next to Continue to Payment overview page.

## Select Payment Type



## Card Details

<b>Card Number (required)</b> <input type="text"/>	<b>Expiration Date (required)</b> 01 ▼ 2019 ▼	<b>Security Code (required)</b> <input type="text"/>
---	--	---

No spaces or dashes, please. [Help](#)

## Cardholder Details

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

[NEXT](#)



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

**CHFS Child Abuse & Neglect (CAN) Checks**

**Visa Card Details** [EDIT](#)

Card Number \*\*\*\*\*1111      Expiration Date 1/2020

**Cardholder Details** [EDIT](#)

Jonathan Vandiver  
 ██████████  
 Frankfort, KY 40601 United States

Summary	
CAN Application Fee	\$10.00
Item Price: \$10.00	
Quantity: 1	
<b>Sub Total</b>	<b>\$10.00</b>
<b>Total</b>	<b>\$10.00</b>

[PAY NOW](#)

[Cancel and return to CHFS Child Abuse & Neglect \(CAN\) Checks](#)    [Login with Kentucky Online Gateway](#)

[Policies](#) [Security](#) [Disclaimer](#) [Accessibility](#)

Kentucky.gov

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After successful payment or if you selected to pay by Agency Payment Code a CAN Check request receipt is displayed proving the assigned Case Number(s) for your request(s).

Payment Confirmation

**Thank you for your payment! Your payment is confirmed**

Payment Confirmation Details	
Confirmation #	41904152
Payment Type	CreditCard
Total Amount	10.00
Transaction Status	Paid

Your application(s) have been submitted for review. Below are the case numbers for reference

#	Case Number	First Name	Last Name
1	CHRS20190000106	██████████	██████████

A confirmation of payment notification has been sent to your provided E-Mail address.

[Go to Dashboard](#)

An E-Mail will be sent to the address on file providing the Case Number upon successful submission.

The **My Dashboard** section of the of the Requestor dashboard displays In Process, Completed and Cancelled CAN Check requests.

Select **View** to see CAN Check(s) in Submitted or In Process Status.

Select **Result** to see the final results of CAN Check(s) in Completed or Cancelled Status.

Select **Print** to print the CAN Check for your records.

## Requestor Dashboard

### Applicant Search

Applicant First Name

Applicant Last Name

Form

Status

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	View	Edit	Print
1051	1068	CHRS20190000104	Tyrian	Lannister	DCC	5/6/2019	5/6/2019	Completed	<input type="button" value="Result"/>	<input type="button" value="Edit"/>	<input type="button" value="Print"/>
1052	1069	CHRS20190000105	Jane	Dixon	DCC	5/6/2019	5/6/2019	Completed	<input type="button" value="Result"/>	<input type="button" value="Edit"/>	<input type="button" value="Print"/>
1053	1070		Morpheus	Endless	DCC	5/13/2019	5/13/2019	Saved	<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="Print"/>
1054	1071	CHRS20190000106	Jonathan	Vandiver	DCC	5/13/2019	5/13/2019	Submitted	<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="Print"/>

Showing 21 to 24 of 24 entries

Previous 1  Next

An E-Mail will be sent to the address on file upon CAN Check request completion or cancellation stating that results are available for review.