## NE ABUSE PORTAL WALKTHROUGH

APPLICANT EXPERIENCE



402-933-9999 PO Box 24148 Omaha, NE 68124 The applicant will receive an email with their request number and a link to allow them to start and stop the application as well as check on results:

From:	DHHS.CFSCR@nebraska.gov
To:	noemail@noemail.com
Subject:	Background Check Invitation for Applicant Name
Date:	Tuesday, March 23, 2021 12:19:36 PM

Welcome Applicant Name,

ONE SOURCE THE BACKGROUND CHECK COMPANY has invited you to complete an online Central Registry Check. The on-screen instructions will guide you through the background check process. Use the following link to begin:

https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginCheck/109631814 [ecmp.nebraska.gov] (Please paste this address into your browser window if the link is broken) (This link can only be used once, and will expire 30 days from the date it was sent.)

If you have questions you may call (402) 471-9272.

Thank you,

Nebraska Department of Health & Human Services

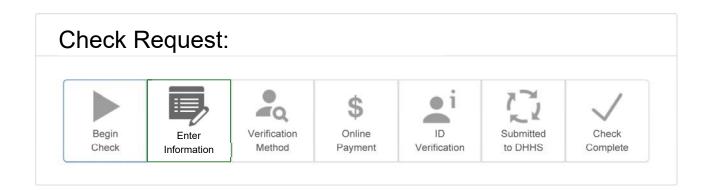
If this information has been received in error, the recipient is directed to destroy the information and notify this office of the error immediately.

CAUTION: This email originated from **OUTSIDE** of the organization. Please use caution when clicking links or opening attachments. Call the sender by phone or contact IT Support if there is any uncertainty. **DO NOT** forward.

After clicking the link, they will provide their request number and PIN number:

Child/Adult Abuse and	d Neglect Central Registry
Check Status/Re	esults Of Submitted Check
Request #	
Your Selected PIN	
Cancel View Check Request	

The applicant will then enter in their information in the below fields:



Ente	er Informatior	n		
First Name				
Middle Name	$\Box$ No Middle Name			
Last Name				

Date Of Birth			
ge			
Social Security Num			
###-##-#####			
<del>,,,,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
Current Address			
City			
State			
Nebraska			~
<b>7</b> in			
Zip			
Applicant's Phone N	umber		
###-###-####			
Other names, such $\Box$ No Other Names	as a maiden name, form	er married name, or nickname	):
First Name	Last Name	Suffix	
Add Other Nam	1e		
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Add Child Nam List all previous cit No Other Address Address Add Other Add I authorize DHHS to information. ** This authorization form ** Child Abuse and	ties at which ses	Suffix n you have City	Date Of Birth e resided: State
List all previous cit No Other Address Address Add Other Add I authorize DHHS to information. ** This authorizatic form **	ties at which ses	-	
<ul> <li>No Other Address</li> <li>Address</li> <li>Add Other Add</li> <li>I authorize DHHS to information.</li> <li>** This authorization</li> <li>form **</li> <li>Child Abuse and</li> </ul>	ses	-	
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information. ** This authorization form ** Child Abuse and			
	on is valid fo	or a period	ng checks and release the following of 6 months from the date you submit this
that listing: a. Date of the b. The classifi (i.e., Agency \$	t I am listed of alleged child cation of the	on the CAN d abuse or i case pursi	N Registry, and the following information regarding neglect; and uant to Neb. Rev. Stat. 28-720.
1.Whether or not that listing: a.Date of the	l am listed o alleged adult	n the APS abuse or r	egistry (APS Registry) Registry, and the following information regarding neglect; and uant to Neb.Rev.Stat. 28 - 376.
(i.e., Agency S Court Substar		រ or Court ទ	Substantiated). (i.e., Agency Substantiated or

The applicant will then be asked which method of verification they will select. **Note:** We have set the portal to charge One Source and not the applicant.

Begin Check	Enter	Verification Method	\$ Online Payment	ID Verification	Submitted to DHHS	Check Complete
Veri	fication M	lethod		194101		
ų						
	s for Central Re vised Statute 2	gistry checks r 8-725.	nust have the	r identity verifi	ied. This is rec	quired under
ebraska Re ification Ty	vised Statute 2 pe	8-725.		r identity verifi	ed. This is rec	juired under
ebraska Re rification Ty Online Ve	vised Statute 2 pe	8-725. tional Charges		r identity verifi	ied. This is rec	juired under

The applicant will be asked to answer questions based on the information provided on the request:

C	Check Re	equest:							
	Begin Check	Enter	Verification Method	S Online Payment	ID Verification	Submitted to DHHS	Check Complete	2	
	i ID V	erification	1						
In wi	hich of the fol	lowing states o	lid you live wh	en your socia	I security numb	ber was issued	1?		
۲	California								
0	Colorado								
-	Vermont								.set
	Washington								451
1	None of the a	bove							
	Next				18	24			

Sample 2 of questions:

				11	1 1.		
С	heck R	equest:					
					øi	5	$\checkmark$
	Begin Check	Enter	Verification Method	Online Payment	ID Verification	Submitted to DHHS	Check Complete
	CHIEDA		Method	1 ayıncın	Venication	10 DHHO	Complete
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					11111		
	i ID V	erification	1				
-							
In wh	ich of the fo	llowing cities d	oes	currently I	ive or own proj	perty?	
0	Arlington, Vi	rginia					
	Charlottesvil	825 F					
0	Windsor, Vir	ginia					
0	Woodbridge	Virginia					
0	None of the a	above or I am n	ot familiar with	n this person			
N	lext						
-	100						

## Sample 3:

				11	1 14.		
Ch	eck Re	equest:					
	Begin Check	Enter Information	Verification Method	Online Payment	B ID Verification	Submitted to DHHS	Check Complete
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		outh Carolina					
OLa	incaster, So						
	ancaster, So urry, Virgini						
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0 SL 0 W	urry, Virgini ashington, nave never	ia Nebraska	these counties	i			

Once the applicant answers questions, they will receive a confirmation page:

		equest:					
	Begin Check	Enter Information	Verification Method	S Online Psyment	ID Verification	Submitted to DHHS	Check Complete
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~		initied 10	DIIIIO				
		est has been su e up to 2 weeks		S and is in proc	ess. Check bac	k later to see th	e results. The
proce	3						

They will also receive a confirmation email:

DHHS Central Registry - Request has been processed Inbox x **•** 2 9:23 AM (9 minutes ago) DHHS.CFSCR@nebraska.gov to me 🖃 Your Central Registry Check has been processed. To access information regarding your Central Registry check, you must enter the PIN you created and the following Request Number on the portal website. Request Number: PIN: (created by you) Portal Website: https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/ResultsVerification If you have questions you may call (402) 471-9272. Protection and Safety Policy Section Nebraska Department of Health & Human Services NEBRASKA Good Life. Great Mission. DEPT. OF HEALTH AND HUMAN SERVICES If this information has been received in error, the recipient is directed to destroy the information and notify this office of the error immediately.

This completes the applicants required steps. One Source will now be able to review the status of the request and the final results. If you or your applicants have questions, please feel free to reach out to One Source via phone or email, 402.933.9999 or <u>CR@onesourcebackground.com</u>