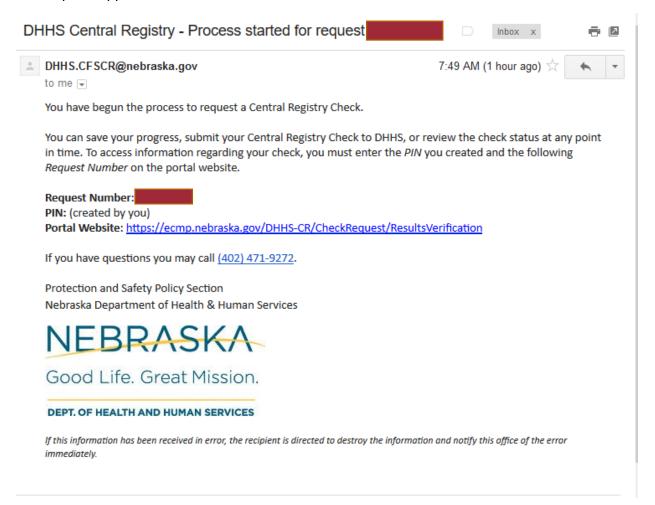
## NE ABUSE PORTAL WALKTHROUGH

APPLICANT EXPERIENCE



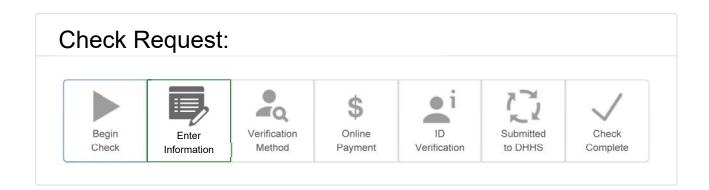
402-933-9999 PO Box 24148 Omaha, NE 68124 The applicant will receive an email with their request number and a link to allow them to start and stop the application as well as check on results:



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	ו		
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		
	·		

No Children		cillioren al	nd children who lived with you:
First Name	Last Name	Suffix	Date Of Birth
Add Child	Name		
List all previo	u <b>s cities at whic</b> l Idresses	h you have	resided:
Address		City	State
Add Othe	r Address		
information. ** This author form ** Child Abuse 1. Whether	ization is valid fo e and Neglect Ce	or a period entral Regis	g checks and release the following of 6 months from the date you submit this stry (CAN Registry) Registry, and the following information regarding
b. The cl	of the alleged child assification of the ency Substantiated	case pursu	ant to Neb. Rev. Stat. 28-720.
1.Whether c			<b>gistry (APS Registry)</b> Registry, and the following information regarding
1.Whether o that listing: a.Date o b.The cla (i.e., Age	or not I am listed o f the alleged adult assification of the	on the APS I t abuse or n case pursua	Registry, and the following information regarding

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
			all a				
					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	875 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
			100		11111		
	: ID V				111111		
-		erificatior	1				
	h -54h - 5-1						
			es have you ev	er lived of ow	nea property?		
⊖ Gi	reene, Iowa	1					
		outh Carolina					
OLa	incaster, So						
	ancaster, So urry, Virgini						
O SL		ia					
0 SL 0 W	urry, Virgini ashington,	ia Nebraska	these counties	ş :			
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:

	Request:					
Begin Check	Enter	Verification Method	<b>S</b> Online Psyment	ID Verification	Submitted to DHHS	Check Complete
				11111		
_ ~						
	a maitte d Te	DHHS				
Sul	omitted To	Dinio				
Your check req	uest has been su ke up to 2 weeks	bmitted to DHH	S and is in proc	ess. Check bac	k later to see th	e results. The

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>