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**CAN Payment and Verification**

* [Welcome : Transformationsllc@yahoo.com](file:///C%3A%5CUsers%5CUser%5CDocuments%5CSusan%20Anderson%20CAN%20Background%20Check.htm)
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**CENTRAL REGISTRY CHECK**

**\* 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:**

Top of Form

 Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)

 Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)

 Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)

 Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)

 Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)

 Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)

 Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)

 Michelle P. Waiver (Required by 907 KAR 1:835)

 Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)

 Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)

 Children's Advocacy Center (Required by 922 KAR 1:580)

 Court Appointed Special Advocate(CASA) (Required by KRS 620.515)

 Personal Care Attendant (Required by 910 KAR 1:090)

**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.): 

[**Personal Information**](file:///C%3A%5CUsers%5CUser%5CDocuments%5CSusan%20Anderson%20CAN%20Background%20Check.htm#divPersonalInfo)

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

First Name 

Last Name 

Middle Name 

Maiden/Nick Name/Other 

Sex   

Race        

Date of Birth



Social Security/Individual Taxpayer Identification # 

Date of Initial Hire 

Current Address

Address Line 1 

Address Line 2 

City 

State                                                    

Zip Code 

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)

Previous 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 

Email Address

Address Line 1 

Address Line 2 

City 

State                                                    

Zip Code 

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](file:///C%3A%5Ccan%5CHome%5CDownloadDocument%5CCAN%20Parental%20Consent%20Form.pdf).

| **Document Desc** | **View** |
| --- | --- |
| Driver | [View](file:///C%3A%5CUsers%5CUser%5CDocuments%5CSusan%20Anderson%20CAN%20Background%20Check.htm) |

Upload Error

OK

RESULTS OF CHILD ABUSE AND NEGLECT CHECK

**[FOR OFFICIAL USE ONLY]**

 No reportable incident found in accordance with 922 KAR 1:470

 Substantiated child abuse found on the registry

Date of substantiated finding:



 Substantiated child neglect found on the registry

Date of substantiated finding:



   

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality , near fatality, or involuntary termination of parental rights

 A matter subject to administrative review found in accordance with 922 KAR 1:470

Reject Reason 

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 

**ChgForm Application**

|  |  |
| --- | --- |
| Case Number | CaseNum |
| Current Status | --Value-- |
| ChgForm To | ChgFormTo |
| Comment |  |

Cancel 

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