

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

DATE: June 1, 2023

SUBJECT: Instructions for Applicant/Employee Requesting CPS Clearances in Online Portal

What you will need:

1. A signed authorization form (provided by agency)
 - o NOTE: Do not use the authorization form provided on the portal home page, you must use the form provided to you by the agency requesting the check.
2. Email. You may choose to have a link sent to your email in order to authorize this check.

Note: Pay particular attention to the spelling of your name. Results will be provided based on the spelling provided.

The screenshot shows the 'CHILD ABUSE REGISTRY BACKGROUND CHECK' page on Maine.gov. The page includes a header with the state seal and title, a main content area with instructions and a 'Search Now' button, and a right-hand sidebar with 'TRACK YOUR TRANSACTION' and 'SERVICE INFORMATION' sections. The footer contains 'Credits', 'Information', and 'Transaction Security' links.

Maine.gov A secure, online service provided by the Department of Health and Human Services

CHILD ABUSE REGISTRY BACKGROUND CHECK

Use this service to request a background check against Maine's Child Abuse Registry. Results will be emailed or mailed to the address you specify within five business days. Have questions about this service? [View the FAQs.](#)

If you are a State of Maine Agency please contact the Background Check Unit at 207-624-7965 and ask to speak to Brittney or Kaylee for further instructions. Do not proceed to the online Portal at this time.

What you will need:

- Signed Authorization Form for all subjects which authorizes you to perform the background check.
- Subject's information including current legal name, previous name(s), date of birth and address
- Detailed instructions are included [here](#).

Fees

- Each check is \$15 payable by Visa, MasterCard, Discover, or American Express credit card or [InforME Subscriber Account](#)

Select a payment option to begin

Credit Card (Visa, MasterCard, Discover, or American Express)

Subscriber Account (InforME)

[Tips for Submitting Requests](#)

Questions about this Service? Contact DHHS at: 1-800-452-1999 x2 or email: dhhs.cpsc Clearance@maine.gov

TRACK YOUR TRANSACTION

Confirmation Number:

SERVICE INFORMATION

- [Public criminal Record Requests](#)
- [Authorization Form for Child Abuse Registry Background Check \(DOC\)](#)
- [Registry Contact List \(DOC\)](#)
- [Adam Walsh State Contact List \(PDF\)](#)

Credits
InforME
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Information
[Department of Health and Human Services](#)
[Maine.gov](#)
[Site Policies](#)

Transaction Security

How to request:

1. Space for 4 individuals will come up initially.
2. Ensure you enter all information marked with a red asterisk – First Name, Last Name, Date of Birth, and Address. If you have previous first or last names, or any suffixes, ensure those are entered as well.

NOTE: You are only required to fill in the number of subjects you need to run. For example, if you are only running one subject, you need to fill in every asterisked box for subject one, and then leave all other subjects

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completely blank.

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Subject 1

First Name:*

Middle Name/Initial:

Last Name:*

Suffix:

Birth Date (MM/DD/YYYY):*

Previous Name One:

Previous Name Two:

Previous Name Three:

Most Recent Physical Address:*

Comments (this comment will appear on the final report):

3. Once you have filled in all the information, click continue.
4. This will bring you to a page to select whether you have already completed an authorization, or if you will be completing it via email.

Authorization Information

Subject 1

Name:

I will upload an authorization file if selected.

Email the subject directly for authorization if selected.

- a. If you have completed the authorization, please click “I will upload an authorization file if selected.” Ensure the document is saved using the following format: First Name, Middle Name/Initial, Last Name, Suffix, Data of Birth (MM/DD/YYYY), Maiden/Previous Married Last Name 1, Previous Married Last Name 2, Town of Address. Subject information should be separated by commas. Please note that you must use the 4-digit birth year. For example:
 - Joe,Q,Public,Jr,11/2/1945
 - Jane,Q,Public,2/28/1950,Doe,Person,Augusta
 - i. NOTE: Ensure the document is fully legible to prevent the form from being rejected. Files have to be 1MB or less. If you are getting an error of file size is too large, you need to reduce the file size. To reduce the size of the file, when you save the document/pdf to your computer, there will be an option in the save dialog box dropdown saying “Reduce File Size”.
 - b. If you will be completing it via email, **please double check the email to ensure it is correct.**
5. Once you have selected an option, click continue.
 6. Here you will choose to receive results via email.

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Delivery Information

Method of Delivery:

Name of Agency or Provider:

Email Address:

First Name:

Middle Name/Initial:

Last Name:

Suffix:

Address Line One:

Address Line Two:

City/Town: State: Zip:

Phone Number:

- a. Input the agency information for the agency you are requesting results for. Ensure you input the email address provided to you by the employer/agency you are requesting the BGC for. See the arrow above.
 - b. **NOTE: Do NOT enter your own email address in this field. You MUST enter the above email address. If you enter your personal email address the check will not be accepted.**
7. Once this has been completed, click Review.
 8. Review all information to ensure that it is correct. Once you have confirmed your information is correct, click Submit Payment.
 9. Here you will enter your credit card information, please double check all your information is correct before clicking Submit Payment.
 10. This will bring you to your confirmation page. Make sure you save your transaction number for future reference.