



# Background Checks for Teaching Artists & Arts Programs

A How-To Guide for JCPS Requirements  
2022

# Introduction

- Any organization providing services in JCPS schools - more than a one-time basis and excluding field trips - will have to meet insurance and background check requirements.
- This impacts residencies and multi-session in-school workshops.
- There are two parts included in the required background check.
- These requirements have always been included in JCPS agreements directly with arts organizations.
- ***Fund for the Arts recommends that all teaching artists complete background checks and that organizations confirm insurance policies are up to date.***

# JCPS Requirements – Background Checks

Require all employees, volunteers and contractors (including employees of contractors) of Cultural Partner or selected arts organization performing services on JCPS school premises during JCPS school hours under this Agreement submit per KRS 160.380 to a national and state **criminal history background check** by department of Kentucky State Police and the Federal Bureau of Investigation and have a letter, provided by the individual, from the Cabinet for Health and Family Services stating **no administrative findings of child abuse and neglect records** maintained by the Cabinet for Health and Family Services.

# JCPS Requirements – Background Checks

Prohibit Cultural Partner or selected arts organization contractors, employees, interns and volunteers under this Agreement from performing services under this Agreement and from remaining upon the premises of a JCPS facility for any purpose if the contractor, employee, intern or volunteer has been convicted of the following:

- Any conviction for sex-related offenses.
- Any conviction for offenses against minors.
- Any conviction for felony offenses except as provided in f below.
- Any convictions for deadly weapon-related offenses.
- Any conviction for drug-related offenses, including felony drug offences, within the past seven (7) years.
- Any conviction for violent, abusive, threatening or harassment related offenses; OR other convictions determined by the Superintendent/designee to bear a reasonable relationship to the ability of the applicant to serve as a volunteer.
- Cultural Partners or selected arts organization contractors, employees, interns, and volunteers under this Agreement shall immediately notify the school principal or the Volunteer Talent Center if they are convicted of or plead guilty to one of the criminal offenses listed above and shall immediately cease providing services under this Agreement and shall not remain upon premises of a JCPS facility for any purpose under this Agreement.

Cultural Partner or selected arts organization will maintain an all-risk property and casualty insurance policy with respect to the facilities and a policy of commercial general liability in amounts no less than \$1,000,000/\$2,000,000 per policy and provide JCPS with a certificate of insurance upon request.

Cultural Partner or selected arts organization will maintain an all-risk property and casualty insurance policy with respect to the facilities and a policy of commercial general liability in amounts no less than \$1,000,000/\$2,000,000 per policy and provide JCPS with a certificate of insurance upon request.

**Example**  
**Certificate of Liability Insurance (COI)**

# Certificate of Liability Insurance (COLI)

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <b>INSURED</b>	<b>CONTACT</b> NAME: _____ PHONE: _____ FAX: _____ (A/C, B/L, C/L) E-MAIL: _____ ADDRESS: _____  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: _____</td> <td>_____</td> </tr> <tr> <td>INSURER B: _____</td> <td>_____</td> </tr> <tr> <td>INSURER C: _____</td> <td>_____</td> </tr> <tr> <td>INSURER D: _____</td> <td>_____</td> </tr> <tr> <td>INSURER E: _____</td> <td>_____</td> </tr> <tr> <td>INSURER F: _____</td> <td>_____</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: _____	_____	INSURER B: _____	_____	INSURER C: _____	_____	INSURER D: _____	_____	INSURER E: _____	_____	INSURER F: _____	_____
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: _____	_____														
INSURER B: _____	_____														
INSURER C: _____	_____														
INSURER D: _____	_____														
INSURER E: _____	_____														
INSURER F: _____	_____														

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLY LTR	TYPE OF INSURANCE	ADOL/ADULT INSUR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Blanket Contractual  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ _____ DANCE TO RETIRE (PREMISES EA OCCURRENCE) \$ _____ WED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPREP AGG \$ _____ CONFIRMED SINGLE LIMIT (If in accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____					EACH OCCURRENCE: \$ _____ AGGREGATE: \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/REMBLERS EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below					WA STATE - TOTL LIMITS <input type="checkbox"/> TOTL LTD E.L. EACH ACCIDENT \$ _____ E.L. DEATH - EA EMPLOYEE \$ _____ E.L. DEATH - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE: _____
---------------------------	---

# Was there a change in requirements?

Senate Bill 15, March 2019, an act relating to school policies, KRS 160.380 amendment

Requirements for background checks shall be as follows: A superintendent shall require the following individuals to submit to a national and state criminal background check by the Department of Kentucky State Police and the Federal Bureau of Investigation and have a clear CA/N check, provided by the individual:

- Any adult who is permitted access to school grounds on a regularly scheduled and continuing basis pursuant to a written agreement for the purpose of providing services directly to a student or students as part of a school-sponsored program or activity

# Background Check – Part 1

- To begin the national and state criminal background check by the Department of Kentucky State Police and the Federal Bureau of Investigation, you will register and complete a fingerprint scan and photograph through Identogo
- Visit <https://uenroll.identogo.com> to make an appointment
- Enter service code 27G265 (code is specific to JCPS)

Enter service code 27G265  
(code is specific to JCPS)



English



Enter your Service Code to get started.

Enter Code

GO

Don't know your Service Code?  
Contact your agency or [click here](#).

IdentoGO® has a growing number of convenient locations across the U.S. to meet your identity-related needs.



#### Check the Status of your Service

Check your status or reprint your cardscan registration form.  
For additional help, [contact customer service](#).



#### Manage an existing Appointment

Reschedule an existing appointment or schedule a retake.



# Click on “Schedule or Manage Appointment”



English



## 27G265 - Kentucky Education-Jefferson County-Applicant

[◀ Back to Home](#)

### **Schedule or Manage Appointment**

Schedule an in-person appointment or change an existing appointment.

### **What do I need to bring to enrollment?**

Find out which documents you need to bring to the enrollment center to facilitate processing.

### **Locate an Enrollment Center**

Locate and get directions to an enrollment center near you.

### **Submit A Fingerprint Card by Mail**

Complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail.

Enter name, date of birth,  
method of contact and click  
“Next” at the bottom right of your  
screen

### Legal Name

\* First Name

\* Middle Name (or NMN if no middle name)

\* Last Name

Suffix

-- Choose One --

### Date of Birth

\* Date of Birth

\* Confirm Date of Birth

### \* Method of Contact (at least one method is required)

Email

Confirm Email

Country Code

United States

Phone 1

Country Code

United States

Phone 2

\* Preferred Method of Contact

For Occupation, select “Contractor” from the drop-down menu and then click “Next” on the bottom right of your screen

## 27G265 - Kentucky Education-Jefferson County-Applicant

Essential Info

Additional Info

Citizenship

Personal Questions

Per

\* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

### Agency Identifiers

\* Occupation

-- Choose One --

✕ Cancel

◀ Back

Next ▶

Enter Country, City and State  
of Birth, Country of Citizenship  
and click “Next” at the bottom  
right of your screen

**27G265 - Kentucky Education-Jefferson County-Applicant**

Essential Info

Additional Info

Citizenship

Personal Questions

Personal Info

\* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

### Citizenship

\* Country of Birth

-- Choose One --

City of Birth

\* Country of Citizenship

-- Choose One --

✕ Cancel

< Back

Next >

Answer the Personal Questions  
and click “Next” at the bottom  
right of your screen

Additional Info

Citizenship

Personal Questions

Personal Info

Address

Dc

\* Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

\* Have you ever used an alias?

☐ Yes ☐ No

\* Is your mailing address the same as your residential address?

☐ Yes ☐ No

\* Do you have an Authorization Code (Coupon Code) that you will be using as a method of payment?

☐ Yes ☐ No

**NOTE:** Please have Authorization Code available to enter on the website later in the scheduling process.

✕ Cancel

< Back

Next >

Enter Personal Information  
and click “Next” at the  
bottom right of your screen

Citizenship

Personal Questions

Personal Info

Address

Documents

L

\* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to continue or 'Cancel' to exit.

## Personal Information

☒ US

☐ Metric

\* Height



ft

\* Weight

in

lbs

\* Hair Color

-- Choose One --

\* Eye Color

-- Choose One --

\* Preferred Language (Receipts & other communication)

English

\* Gender

-- Choose One --

\* Race

-- Choose One --

✕ Cancel

◀ Back

Next ▶

Enter Mailing Address and  
click “Next” at the bottom  
right of your screen

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

### Mailing Address

\* Country

United States



\* Address Line 1

Address Line 2

\* City

\* State/Province

-- Choose One --



\* Postal Code

✕ Cancel

◀ Back

Next ▶

For Documents, select “Driver’s License” or other document from the drop-down menu and then click “Next” on the bottom right of your screen

**27G265 - Kentucky Education-Jefferson County-Applicant**

is

Personal Info

Address

Documents

Location

Date and Time

\* Required Fields

Please select the required documents to bring to your enrollment. Then click 'Next' to continue or 'Cancel' to exit.

Documents

\* Document

Driver's License issued by a State or outlying possession of the U.S.

\* Does the name you are enrolling under match the name on all documents selected?

☐ Yes

☐ No

Bring the following Required Identity Documents to your enrollment:

1. Driver's License issued by a State or outlying possession of the U.S.

✕ Cancel

< Back

Next >




Search for a location to schedule your appointment and then click “Next” on the bottom right of your screen

Enter a Postal Code, City, Airport Code or Special Location Access Code to search for a location to schedule your appointment. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

**Note:** Your registration is not yet complete. You must select a location, as well as a date/time on the following pages prior to receiving your appointment confirmation.

Search for an Enrollment Center by Postal Code, City and State, or Airport Code. Number of Results: 5 ▾

Search

Location	Address	Next 7 Days	Distance
▾ Louisville, KY	5341 Mitscher Ave	0 appointments available	5.98 mi
 <a href="#">IdentoGO</a> <a href="#">5341 Mitscher Ave</a> <a href="#">Louisville, KY 40214-2633</a>	<b>Hours:</b> Monday - Friday: 09:00 AM - 12:30 PM & 01:00 PM - 05:00 PM Saturday: 10:00 AM - 12:30 PM & 01:00 PM - 04:00 PM  The Enrollment Center is located in the back of the Iroquois Manor Shopping Center, in the building to the left of the Valu Market. The Enrollment Center is in between the Vietnam Kitchen and Louisville International Pub. The Enrollment Center is inside of WellnessMart.		
▸ Louisville, KY	4010 Dupont Cir	0 appointments available	6.69 mi

Next >

Select a date and time for your appointment and then click “Submit” on the bottom right of your screen

Documents

Location

Date and Time

\* Required Fields


Select a preferred date and time for your appointment at the specified location. Then click ‘Submit’ to confirm or ‘Cancel’ to exit. If you are unable to make an appointment for the available times or all appointments are booked, click the ‘Back’ button below, to select another location.

### Appointment Date and Time (first available displayed by default)

**Select Date**  
-- Choose One --

**Select Time**  
-- Choose One --

**Location Details:**

 **IdentoGO**  
5341 Mitscher Ave  
Louisville, KY 40214-2633

The Enrollment Center is located in the back of the Iroquois Manor Shopping Center, in the building to the left of the Valu Market. The Enrollment Center is in between the Vietnam Kitchen and Louisville International Pub. The Enrollment Center is inside of WellnessMart.

✕ Cancel

< Back

Submit >

# You will receive confirmation on the website and via email

For your scheduled appointment, be prepared for the following:

- Present the document indicated in the online form (driver's license or other document)
- A technician will assist you in scanning your fingerprints
- A technician will take your photograph
- Pay a fee of \$51.25
- Consider wearing a mask, as some IdentoGo locations share space with WellnessMart, where other health testing is performed

FileMessageHelpAdobe PDFTell me what you want to do

Mon 7/11/2022 10:54 AM  
nobody@uemail.identogo.com  
IdentoGO Service Confirmation - 27G265 - Kentucky Education-Jefferson County-Applicant

To Sarah Lindgren

# IdentoGO

## Status as of 07/11/22

Pre-Enrolled  
You have successfully pre-enrolled.

[Click here to check your status](#)

**IMPORTANT!**  
ALL CUSTOMERS MUST WEAR A FACE COVERING TO ENTER OUR CENTERS UNLESS EXEMPTED DUE TO AGE OR A MEDICAL CONDITION.


### Service Details:

Customer:	SARAH L LINDGREN
UE ID:	UZKY-46XJ4H
Service:	27G265 - Education-Jefferson County-Applicant
Time:	7/13/2022 @ 04:30 PM (EDT)
Location:	IdentoGO 5341 Mitscher Ave  Louisville, KY 40214-2633

# Background Check – Part 2

- To begin the child abuse and neglect background check by the Kentucky Cabinet for Health and Family Services, you will create an account on the Kentucky Online Gateway
- Visit <https://ssointernal.chfs.ky.gov>

# Click “Create Account”

Help | English ▾

## Welcome to the Kentucky Online Gateway

- Are you doing business in or with the Commonwealth of Kentucky?
- Are you a citizen or resident applying for or receiving benefits?
- Are you seeking government services from the Commonwealth?

If you answered "Yes" to any one of these questions, please sign into your existing Kentucky Online Gateway account or click on the button below to create an account.

SIGN IN

CREATE ACCOUNT


### State Employee Gateway Login

Login to your State Employee account using:

EMAIL ADDRESS

Enter your information and click “Sign Up” at the bottom right of your screen. Note, your email address will be your username.

## Please complete your Kentucky Online Gateway Profile

 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 Submit 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"/>	<input type="text"/>	

# Complete your Kentucky Online Gateway Profile

- An E-Mail from 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.
- 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. Enter your username and password and click **Sign In.**

Select the letter “C” from the alphabet list and select **CAN Payment and Verification** from the application list and click **Launch**.

**KENTUCKY ONLINE GATEWAY**

Welcome Sarah Lindgren | English | Help | Sign Out

**My Apps** | **All Apps**

Search for Applications .... **Search**

# A B **C** D E F G H I J K L M N O P Q R S T U V W X Y Z

**CHFS BI HSSMB EXT**

HSSMB Business Objects reports can access externally.

**Enroll**

**CAN Payment and Verification**

The Child Abuse and Neglect (CAN) application allows the electronic submission, payment and validation of Child Care Central Registry Check (DCC-374) and Central Registry Check (DPP-156) form(s).

**Enroll**

**CHFS BI TWIST EXT**

TWIST BI EXT is a SAP Business Objects external Portal for TWIST Management reports for PCC users under the Cabinet for Health and Family Services (CHFS).

**Enroll**


**CHFS External SharePoint Sites**

SharePoint Web Application Enables site access via all ky.gov and CIT\ KOG user accounts.

**Enroll**



# The CAN Payment and Verification home screen will be displayed

**CAN Payment and Verification**

Welcome : slindgren@fundforthearts.org

CAN User Guide

**Welcome**

Welcome to the CAN Payment and Verification system. This system allows you to request and pay for Child Abuse and Neglect Registry checks.  
**No refunds will be issued regardless of circumstances. Per Kentucky Revised Statutes, please allow up to 30 days for processing your request.**

**Instructions**

To begin a new request, select the correct form from the Form Menu located in the upper left hand corner.

- For requests related to a licensed, certified or registered child care or an out of state child care employee, please complete the **Child Care Central Registry Check (DCC-374)**.
- For all other child abuse neglect checks, please complete the **Central Registry Check (DPP-156)**.
- **FOR MINORS UNDER THE AGE OF 18, you must upload the [parental consent form](#) in order for your request to be processed. The request will be denied and your money will not be returned if this item is not uploaded.**

The CAN Payment and Verification database requires a social security or taxpayer identification number. If you do not have a social security or taxpayer identification number, please submit a paper DCC-374([EN](#) / [SP](#)) or DPP-156([EN](#) / [SP](#)).


The CAN Payment and Verification Database does not accept international addresses. Please list US addresses only.

Please make sure to include an employer/agency name and email address on your request. This allows results to go directly to the employer/agency.


For DPP 156 request only: Agencies requesting Central Registry Checks on behalf of their employees, potential employees, or volunteers must upload a signed copy of the current DPP-156 (R. 8/2019) [EN](#) / [SP](#) form.

To check the status of a previously submitted request, select My Dashboard in the upper left hand corner

Using the toolbar at the top of the screen, click “Form” to select “Central Registry Check (DPP-156)” from the drop-down menu



**CAN Payment and Verification**

Welcome : slindgren@fundforthearts.org 

[Home](#) [My Dashboard](#) [Form ▼](#)

Child Care Central Registry Check (DCC-374)

Central Registry Check (DPP-156)

Public Child Welfare Worker Certification Program

For te

ly a Laptop or a Desktop to access this (CAN) application.

66-231-0003 Option 3 during the hours of Monday – Friday 7:30am – 5:00pm or [TWISTHelpDesk@ky.gov](mailto:TWISTHelpDesk@ky.gov).

**Welcome**

Welcome to the CAN Payment and Verification system. This system allows you to request and pay for Child Abuse and Neglect Registry checks.  
**No refunds will be issued regardless of circumstances. Per Kentucky Revised Statutes, please allow up to 30 days for processing your request.**

On the Central Registry Check screen, check the box for “public school employee, student teacher, contractor”



Scroll down to complete Personal Information and Address sections

### 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:**

- ☐ 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)

Scroll down to upload documents  
(driver's license or other ID), and  
then click "Submit" at bottom right  
of the screen

 **CAN Payment and Verification** Welcome : slindgren@fundforthearts.org  CAN User Guide

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](#).

\* Document Description

Please enter supporting document name

Choose File

No file chosen

Upload

Save And Add Applicant


Save

Submit

# Payment & Confirmation

- You may pay the \$10.00 fee by credit card/debit card and confirm with electronic signature
- Payment will be confirmed on the screen
- An E-Mail will be sent to the email address on file upon CAN Check request completion or cancellation stating that results are available for review.
- Log into your account on <https://ssointernal.chfs.ky.gov>, select “My Dashboard”, there will be an option for result, edit or print.

The screenshot displays the 'CHFS Child Abuse & Neglect (CAN) Checks' payment confirmation page. It is divided into three main sections: 'Visa Card Details', 'Cardholder Details', and a 'Summary' table. The 'Visa Card Details' section shows a masked card number ending in 1111 and an expiration date of 1/2020. The 'Cardholder Details' section lists Jonathan Vandiver as the cardholder, with a redacted address and Frankfort, KY 40601 as the location. A 'PAY NOW' button is prominently displayed. The 'Summary' table on the right shows a 'CAN Application Fee' of \$10.00, a 'Sub Total' of \$10.00, and a 'Total' of \$10.00. At the bottom, there are links to 'Cancel and return to CHFS Child Abuse & Neglect (CAN) Checks' and 'Login with Kentucky Online Gateway', along with a footer containing the Kentucky state logo and copyright information for 2019.

CHFS Child Abuse & Neglect (CAN) Checks	
<b>Visa Card Details</b> <a href="#">EDIT</a>	
Card Number *****1111	Expiration Date 1/2020
<b>Cardholder Details</b> <a href="#">EDIT</a>	
Jonathan Vandiver [Redacted Address] Frankfort, KY 40601 United States	
<a href="#">PAY NOW</a>	
<a href="#">Cancel and return to CHFS Child Abuse &amp; Neglect (CAN) Checks</a> <a href="#">Login with Kentucky Online Gateway</a>	
<a href="#">Policies</a> <a href="#">Security</a> <a href="#">Disclaimer</a> <a href="#">Accessibility</a>	
 © 2019 Commonwealth of Kentucky. All rights reserved. Kentucky.gov	

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

# In Review

- Any organization providing services in JCPS schools - more than a one-time basis and excluding field trips - will have to meet insurance and background check requirements.
- This impacts residencies and multi-session in-school workshops.
- There are two parts included in the required background check.
- These requirements have always been included in JCPS agreements directly with arts organizations.
- ***Fund for the Arts recommends that all teaching artists complete background checks and that organizations confirm insurance policies are up to date.***

# Questions?

Contacts:

Fund for the Arts

Community Investment Team

502-582-0100

[grants@fundforthearts.org](mailto:grants@fundforthearts.org)

(for assistance in verifying status of background checks)

Toni Martin

Jefferson County Public Schools

502-485-3370

[toni.martin@jefferson.kyschools.us](mailto:toni.martin@jefferson.kyschools.us)