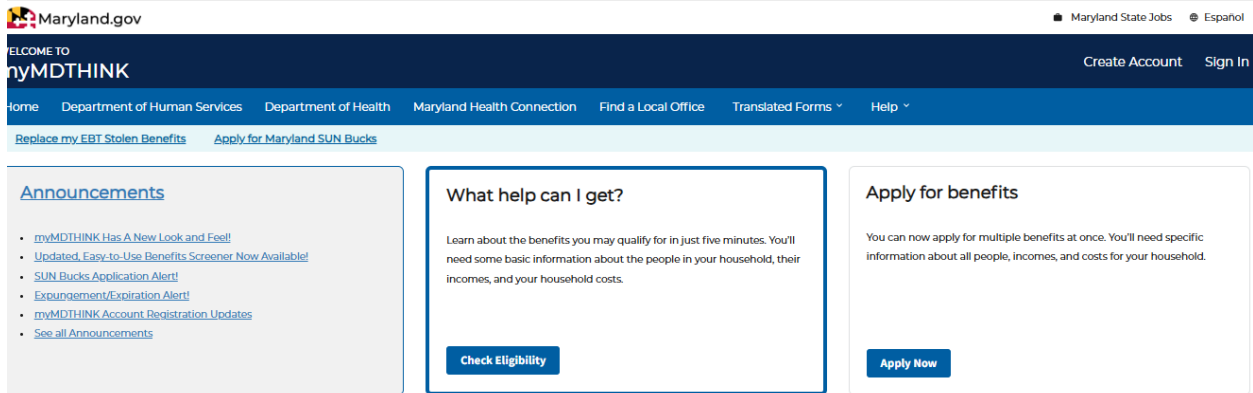


# Instructions for CPS Background Check

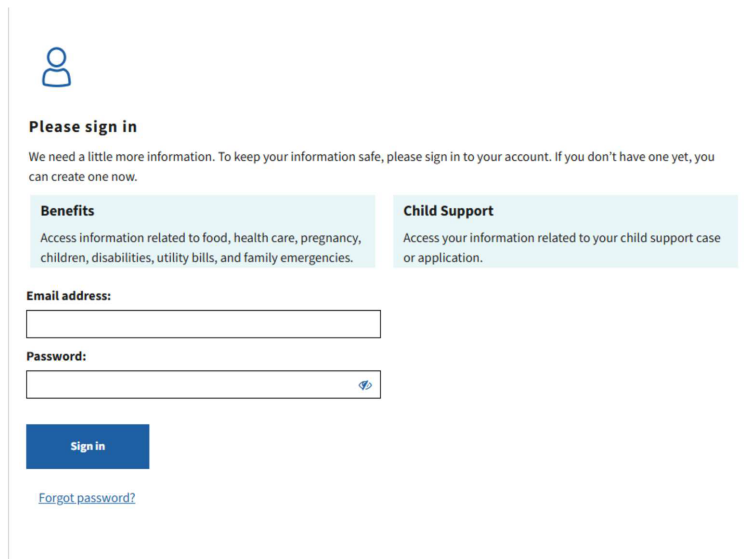
To create myDHR CPS Summer Camp Worker-Volunteer Background Clearance Request, copy and paste the following link to your Internet browser and complete the steps below.

<https://benefits.maryland.gov/home/#/>



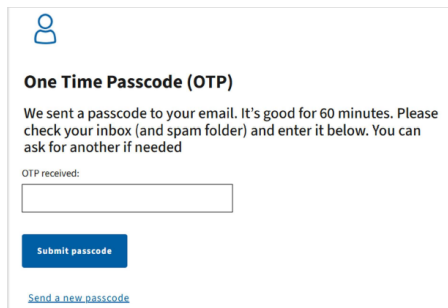
The screenshot shows the Maryland.gov website with the myMDTHINK logo. The navigation bar includes links for Home, Department of Human Services, Department of Health, Maryland Health Connection, Find a Local Office, Translated Forms, and Help. Below the navigation bar, there are three main content areas: 'Announcements' with a list of links, 'What help can I get?' with a 'Check Eligibility' button, and 'Apply for benefits' with an 'Apply Now' button. A blue arrow on the right side of the page points to the 'Apply for benefits' section.

Enter your email address and password



The screenshot shows the 'Please sign in' form. It includes a user icon, a sign-in prompt, and two columns of benefits: 'Benefits' (Access information related to food, health care, pregnancy, children, disabilities, utility bills, and family emergencies) and 'Child Support' (Access your information related to your child support case or application). Below the columns are input fields for 'Email address' and 'Password', a 'Sign in' button, and a 'Forgot password?' link.

A One Time Passcode (OTP) may be sent to your email inbox. Enter and submit the passcode.



The screenshot shows the 'One Time Passcode (OTP)' form. It includes a user icon, a title, and a message: 'We sent a passcode to your email. It's good for 60 minutes. Please check your inbox (and spam folder) and enter it below. You can ask for another if needed'. Below the message is an input field for the OTP, a 'Submit passcode' button, and a 'Send a new passcode' link.

Select the "Go to My Benefits dashboard" button

The screenshot shows the Maryland BENEFITS dashboard. At the top left is the Maryland BENEFITS logo. To the right, there is a notification bell icon with "0 Notifications" and the name "David Be". Below the logo is a navigation bar with links: Home, Department of Human Services, Department of Health, Maryland Health Connection, Find a Local Office, Translated Forms (with a dropdown arrow), and Help (with a dropdown arrow). The main content area is divided into three columns. The first column is titled "Benefits" and contains the text: "Apply for, track, and manage your benefits all in one place. Programs can help with food, health care, pregnancy, children, disabilities, utility bills, and family emergencies." Below this text is a blue button labeled "Go to My Benefits dashboard". The second column is titled "Child Support" and contains the text: "We're here to help parents and kids get the support they need. You can apply for, track, and manage your child support services here." Below this text is a blue button labeled "Go to My Child Support dashboard". The third column is titled "Announcements" and contains a list of four items: "Earned Income Tax Credit: You've Earned It, Now Claim It!", "New Child Support Dashboard Launching February 26, 2026", "Service Update", "SUN Bucks Application Alert!", and "See all Announcements".

Under Quick Links, click on Organization Employee Clearance

The screenshot shows the Maryland.gov website. At the top left is the Maryland.gov logo. To the right, there are links for "Maryland State Jobs" and "Español". Below the logo is the Maryland BENEFITS logo. To the right of the logo is a notification bell icon with "0 Notifications" and a black redaction box. Below the logo is a navigation bar with links: Home, Department of Human Services, Department of Health, Maryland Health Connection, Find a Local Office, Translated Forms (with a dropdown arrow), and Help (with a dropdown arrow). The main content area is divided into two columns. The left column is titled "Action needed" and contains the text: "You're all set! No action needed at this time. We'll reach out if anything changes." The right column is titled "Quick links" and contains a list of seven items: "Learn more about benefit options on Maryland.gov", "Start a new application for benefits", "Link an open case", "Replace FBT stolen benefits", "Apply for/opt out of Maryland SUN Bucks", "Organization Employee Clearance", "Child Support", and "Check Eligibility". A blue arrow points to the "Organization Employee Clearance" link.

# To start a new CPS Employment Background Clearance Application, select "Organization Employee Clearance"

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity, and more!

Home Messages Applications Account

### Start a New Application

Family Investment Report A Change Redetermination

Emergency Assistance Child Support **Organization Employee Clearance**

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

Select "Youth Camp Worker Volunteer". Select "County" for the Camp location. Select "City" for the camp location. Select the camp's name for the Agency. Select the camp address for the Agency location. The Agency Representative, Representative's Email, and Representative's Phone Number will auto-populate.

Part 1: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.
- 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- Adoption\*
- Foster Care
- Kinship Care
- International Adoption
- School Personnel\*
- Institutional Employee\*
- CASA
- Custody Evaluation
- Day Care Center
- Family Day Care
- Community Mgmt. Entity
- DHS Child Placement Agency\*
- Youth Camp Personnel Administrator\*
- Youth Camp Worker/Volunteer\*
- Individual Clearance\*
- Other (Specify)

County \* City \*

Agency/Individual Name \* Name Of Agency Representative

Agency Address Representative's Phone Number

Representative's Email

Have you lived in Maryland in the past?  Yes  No Have you worked or volunteered in Maryland in the past?  Yes  No

If Yes to either question, from what years

Back Next

Part 1: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "Indicated" disposition for a child abuse or neglect investigation.
- 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- |   |   |   |
|---|---|---|
| <input type="radio"/> Adoption*               | <input type="radio"/> CASA                        | <input type="radio"/> Youth Camp Personnel Administrator*       |
| <input type="radio"/> Foster Care             | <input type="radio"/> Custody Evaluation          | <input checked="" type="radio"/> Youth Camp Worker/Volunteer* ← |
| <input type="radio"/> Kinship Care            | <input type="radio"/> Day Care Center             | <input type="radio"/> Individual Clearance*                     |
| <input type="radio"/> International Adoption  | <input type="radio"/> Family Day Care             | <input type="radio"/> Other (Specify)                           |
| <input type="radio"/> School Personnel*       | <input type="radio"/> Community Mgmt. Entity      |   |
| <input type="radio"/> Institutional Employee* | <input type="radio"/> DHS Child Placement Agency* |   |

County \*  City \*

Agency/Individual Name \*  Name Of Agency Representative

Agency Address  Representative's Phone Number

Representative's Email

Have you lived in Maryland in the past?  Yes  No      Have you worked or volunteered in Maryland in the past?  Yes  No

If Yes to either question, from what years

The response for the remaining application refers to the Applicant.

County \*  City \*

Agency/Individual Name \*  Name Of Agency Representative

Agency Address  Representative's Phone Number

Representative's Email

Have you lived in Maryland in the past?  Yes  No      Have you worked or volunteered in Maryland in the past?  Yes  No

If Yes to either question, from what years

Applicant's response

Applicant's response

Applicant must indicate what years for the previous Yes response.

Select "Next" to advance to page 2.

# Complete all fields that apply

State of Maryland-Child Protective Services Program  
CONSENT FOR RELEASE OF INFORMATION  
CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 2: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME *	FIRST NAME *	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME
<input type="text" value="Last Name"/> <small>Last Name is required</small>	<input type="text" value="First Name"/> <small>First Name is required</small>	<input type="text" value="Middle Name"/>	<input type="text" value="Maiden/Birth Name"/>
SOCIAL SECURITY NUMBER *	<input type="checkbox"/> don't have SSN		
<input type="text" value="Social Security Number"/>			
Date Of Birth *	Gender	RACE *	
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Please Select One.."/>	<input type="text" value="Please Select One.."/> <small>Race is required</small>	
OTHER NAMES USED			
<input type="text" value="Other Names"/>			
NUMBER	STREET NAME *	UNIT TYPE#	CITY *
<input type="text" value="Numb"/>	<input type="text" value="Street Name"/>	<input type="text" value="Unit Type#"/>	<input type="text" value="City"/>
STATE *	ZIP CODE *	COUNTRY *	
<input type="text" value="Maryland"/>	<input type="text" value="Zip Code"/>	<input type="text" value="United States"/>	
DAYTIME TELEPHONE NUMBER *	EMAIL ADDRESS *		
<input type="text" value="Phone"/>	<input type="text" value="Email Address"/>		

NOTE: If you do not have a Social Security Card, check the “don’t have SSN” box, select the available document from the Document Type, scan and add the document with file name of the uploaded document type.

State of Maryland-Child Protective Services Program  
**CONSENT FOR RELEASE OF INFORMATION**  
 CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

---

PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 2: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

<b>APPLICANT'S LAST NAME *</b> <input type="text" value="Last Name"/>	<b>FIRST NAME *</b> <input type="text" value="First Name"/>	<b>MIDDLE NAME (Full)</b> <input type="text" value="Middle Name"/>	<b>MAIDEN/BIRTH NAME</b> <input type="text" value="Maiden/Birth Name"/>
<b>SOCIAL SECURITY NUMBER</b> <input type="text" value="Social Security Number"/>	<input checked="" type="checkbox"/> don't have SSN	<b>Document Type *</b> <input type="text" value="Please Select One..."/>	<b>File Uploaded *</b> <input type="button" value="+ Add"/>

**Please Select One...**

- Birth Certificate
- Employment Authorization Document (EAD) for I-766
- Government issued identification providing proof of identity and age
- Letter from the Department of Social Services handling your case
- Passport
- Proof of Social Security
- RealID
- Unaccompanied Minor/Undocumented Person Letter from Homeland Security

<b>Date Of Birth *</b> <input type="text" value="MM/DD/YYYY"/>	<b>Gender</b> <input type="text" value="Please Select One..."/>	
<b>OTHER NAMES USED</b> <input type="text" value="Other Names"/>		
<b>NUMBER</b> <input type="text" value="Number"/>	<b>STREET NAME *</b> <input type="text" value="Street Name"/>	
<b>STATE *</b> <input type="text" value="Maryland"/>	<b>ZIP CODE *</b> <input type="text" value="Zip Code"/>	<b>COUNTRY *</b> <input type="text" value="United States"/>
<b>DAYTIME TELEPHONE NUMBER *</b> <input type="text" value="Phone"/>	<b>EMAIL ADDRESS *</b> <input type="text" value="Email Address"/>	

Are you married? \*  Yes  No  
The above question is required

Do you have any children? \*  Yes  No  
The above question is required

<b>PRIOR ADDRESSES (List all within the past 7 years in Maryland)</b>					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	FROM DATE TO DATE

Acceptable documents in lieu of a Social Security Card:

- Birth Certificate
- Employment Authorization Document (AED) for I-766
- Government Issued Identification providing proof of identity and age
- Letter from the Department of Social Security handling your case
- Passport
- Proof of Social Security
- Real ID
- Unaccompanied Minor/Unaccompanied Person Letter from Homeland Security

# Marital Status:

- If the Applicant is married the following information must be provided:

Are you married? \*  Yes  No

## CURRENT SPOUSE

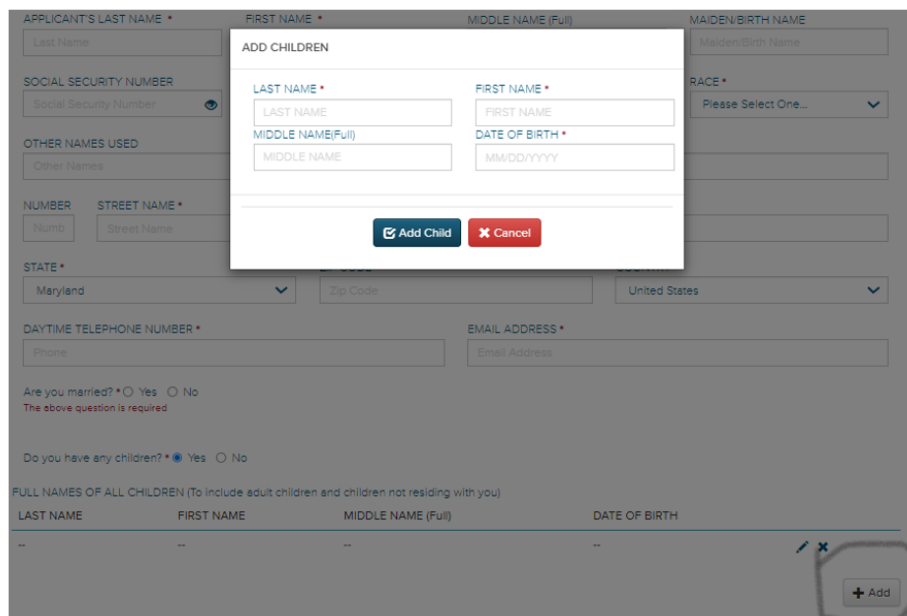
LAST NAME \*

FIRST NAME \*

MIDDLE NAME(Full)

DATE OF BIRTH \*

If the Applicant respond “Yes” to having children, select the +Add button and enter the Full Name and Date of Birth for each child



The screenshot shows a web form with a modal window titled "ADD CHILDREN". The modal contains four input fields: "LAST NAME", "FIRST NAME", "MIDDLE NAME(Full)", and "DATE OF BIRTH". Below these fields are two buttons: "Add Child" (with a plus icon) and "Cancel" (with an X icon). The background form is partially visible, showing fields for "APPLICANT'S LAST NAME", "FIRST NAME", "MIDDLE NAME(Full)", "MAIDEN BIRTH NAME", "SOCIAL SECURITY NUMBER", "OTHER NAMES USED", "NUMBER", "STREET NAME", "STATE", "DAYTIME TELEPHONE NUMBER", "EMAIL ADDRESS", and "Are you married?". At the bottom of the background form, there is a table header for "FULL NAMES OF ALL CHILDREN" with columns for "LAST NAME", "FIRST NAME", "MIDDLE NAME (Full)", and "DATE OF BIRTH". A "+ Add" button is circled in the bottom right corner of the background form.



# Prior Addresses

- The Applicant must enter all prior addresses within the past 7 years only. Select the +Add button and add the address(es) and Dates. Select “Save” to complete the form.

Other Names

NUMBER STREET NAME •  
Numb Street Name

STATE •  
Maryland

DAYTIME TELEPHONE NUMBER •  
Phone

Are you married? •  Yes  No  
The above question is required

Do you have any children? •  Yes  No  
The above question is required

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	FROM DATE	TO DATE
--------	-------------	------	-------	----------	-----------	---------

Back Save

+ Add



# Download and print the application and select the “Back to Home” button

Home **New Application** Account

Your application has been successfully saved.

Please use the application number C202325018 for future reference.

Please view/download the application using the 'DOWNLOAD' button below.

[Back To Home](#) [Download](#)

# Print and Review the application for accuracy before Notarization

State of Maryland Child Protective Services Program  
**CONSENT FOR RELEASE OF INFORMATION  
 CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST**

\*\*\*\*PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT\*\*\*\*

Part I PURPOSE OF SEARCH  
 Application Number: C202325018  
 Date Received: 11/15/2023

1. To determine if I have been found responsible for an "industrial" disposition for a child abuse or neglect investigation.  
 2. To determine if I have any remaining appeal rights.

Part II RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:  
 Adult Care  School Placement  Day Care Center  Youth Camp Placement Administrator  
 Foster Care  Institutional Employer  Family Day Care  Youth Camp Recruitment  
 Homeless Care  CASH  Community Home Entry  Other (Specify):  
 Residential Adoption  Custody Evaluation  DHS Child Placement Agency

Agency/Individual Name: \_\_\_\_\_ Name of Agency Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Street Location: \_\_\_\_\_  
 Agency Address (To include street # and name, Unit # and #, city, state and zip code): \_\_\_\_\_ Registration/Program Number: \_\_\_\_\_  
 State Email Post Office Box # (if any): \_\_\_\_\_ (Minimum 10)

Releasee/Individual's Email: \_\_\_\_\_  
 Releasee/Individual's Signature: \_\_\_\_\_

Part III SEARCH INFORMATION (To be completed as full by individual whose name is being searched)  
 APPLICANT'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME (Full): \_\_\_\_\_ BIRTH/DOB: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
 (01-4123) (01/15/1975) Male Female Native American  
 OTHER NAMES USED: \_\_\_\_\_  
 NUMBER: \_\_\_\_\_ STREET NAME: \_\_\_\_\_ STREET TYPEN: \_\_\_\_\_ CITY: \_\_\_\_\_ BASE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 (01) (Cohasset St) (MD) (21033) (USA)  
 DAYTIME TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 (410) 556-1212 (cphillips@maryland.gov)  
 CURRENT ADDRESS: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME (Full): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 (Doe) (John) (Mary) (11/12/2020)

Have you been in Maryland in the past 7 years?  Yes  No Have you worked or volunteered in Maryland in the past 7 years?  Yes  No  
 If yes in either question, list what years: \_\_\_\_\_

Application Number: C202325018

PRIOR ADDRESSES (List all within the past 7 years in Maryland)  

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE FROM	DATE TO
17	17 Baltimore St	Baltimore	Maryland	21223	12/20/1989	02/15/1995

Part IV AUTHORIZATION  
 I, \_\_\_\_\_, Pursuant to Code of Maryland Regulations § 09.02, am applying to the Department of Child Protective Services assignment and require a timely response to the Maryland Department of Child Protective Services (DPS) to verify background information. I hereby authorize the Department to verify the background information of all individuals named in Part I of this form to determine if any record maintained by the Maryland Department of Public Safety, any local government or social services, and Child Protective Services.

\*\*\*\*STOP\*\*\*\*REVIEW THAT ALL SECTIONS ARE COMPLETE\*\*\*\*  
 \*\*\*\*PRINT THIS FORM BEFORE PROCEEDING TO PART IV\*\*\*\*

Part IV SIGNATURE (If Applicant is under age 18, must be signed by Applicant's parent/guardian) DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 (Print name of signature above)

PART V CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC  
 I, \_\_\_\_\_, of \_\_\_\_\_ State of \_\_\_\_\_  
 do hereby acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC  
 My Commission expires \_\_\_\_\_

The printed application should be Notarized, or an Attestation must be indicated in the Notary section. The completed application should be mailed or preferably securely emailed to the Agency Representative.

Each Applications created is saved to the user's account. Note: when submitting a application to a camp, only submit the application created in the current year (i.e. C20250317 is an application created on March 17, 2025). Do not print and submit applications created from a previous year.

Emergency Assistance      Child Support      Organization Employee Clearance

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

#### My Saved Applications

Type	Last Updated	
School Personnel	02/27/2025	<a href="#">Resume Application</a>
Youth Camp Worker/Volunteer	02/18/2025	<a href="#">Resume Application</a>
Youth Camp Personnel Administrator	01/23/2025	<a href="#">Resume Application</a>
Youth Camp Worker/Volunteer	06/13/2024	<a href="#">Resume Application</a>
DHS Child Placement Agency	12/14/2023	<a href="#">Resume Application</a>

To exit the portal, select your name on the sign in tab and select Sign Out.

The screenshot shows the user interface of the myDHR Account Page. At the top right, the user's name "Nathaniel" is displayed next to a profile icon. A blue arrow points to this name. Below the name, a dark blue button labeled "myDHR Account Page" is visible. Underneath this button, a "Sign Out" button is highlighted with a blue arrow. The main content area features a greeting "Hello, Nathaniel!" followed by a welcome message. Below the message is a navigation bar with tabs for "Home", "Messages", "Applications", and "Account". The "Start a New Application" section contains six green buttons: "Family Investment", "Report A Change", "Redetermination", "Emergency Assistance", "Child Support", and "Organization Employee Clearance". A note below these buttons explains the use of the Emergency Assistance application. A dark blue box contains the instruction: "Hover over the buttons above for a brief description of the application." The "My Saved Applications" section includes a table with columns for "Type" and "Last Updated". One application is listed: "School Personnel" with a last update date of "02/27/2025". A "Resume Application" button is located to the right of the table entry.

Home Translate to Spanish Español Other Languages Help **Nathaniel**

**myDHR Account Page**

Sign Out

Hello, Nathaniel!

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity, and more!

Home Messages Applications Account

Start a New Application

Family Investment Report A Change Redetermination

Emergency Assistance Child Support Organization Employee Clearance

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

My Saved Applications

Type	Last Updated
School Personnel	02/27/2025

Resume Application