

# Kansas Abuse and Neglect Central Registries Portal Guide



This guide will walk you through the process of submitting a request to check an individual against the Adult Abuse, Neglect and Exploitation Central Registry or the Child Abuse and Neglect Central Registry.

For more information about the central registries, visit [dcf.ks.gov](https://dcf.ks.gov).

## Step 1: Acknowledgement of Portal Policies

To continue with your request, you will need to review the confidentiality notice, check the check box and click the "Submit" button.



### Kansas Abuse and Neglect Central Registries Portal

#### Portal Login

**Confidentiality Notice**

Kansas Department for Children and Families records are confidential.  
No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of all contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209.  
Violations of this statute is a class A misdemeanor, and the court may impose a civil penalty of up to \$1,000.

Access or use of this information technology resource by any person, whether authorized or unauthorized, constitutes consent to these terms.  
All publicly submitted requests for registry checks are subject to approval by DCF Office of Background Investigation staff.

By checking this box I provide legal acknowledgement of the above statements.

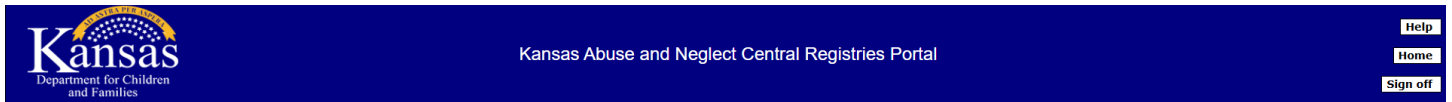
[Submit](#)

Kansas Department for Children and Families - Office of Background Investigations  
Problems/questions concerning the Kansas Abuse and Neglect Central Registries Portal?  
Please call: 1-785-296-4357 OR email: [DCFHelpDeskBusiness@ks.gov](mailto:DCFHelpDeskBusiness@ks.gov) for assistance.

## Step 2: Selection of Registries

Select which registry you would like to proceed with for your request. Then, click “Submit.”

Please note that you may select one or both registries. For requests against the Child Abuse and Neglect Central Registry, there may be a \$10 fee per request. The Adult Abuse, Neglect and Exploitation Central Registry is free of charge.



### Which registry would you like to check?

(Can Select Both)

- (1) Adult Abuse, Neglect and Exploitation Central Registry  
 (2) Child Abuse and Neglect Central Registry

There is no charge for requesting background checks against the Adult Abuse, Neglect and Exploitation Registry.  
There is a \$10.00 charge for checks against the Child Abuse and Neglect Central Registry.

[Submit](#)

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## Step 3: Payment

If your request is against the Child Abuse and Neglect Central Registry, there may be a \$10 fee per request for the information. State agencies and Mentor Kansas Partners are the only parties to be exempt from this fee. Sub-contracting agencies are not exempt.

There are two payment options. Select your preferred payment option using the bubbles on the far left side and enter the necessary information. If using a credit card, you will need to select “Make Online Payment,” follow the prompts, save your receipt and then upload it using the “Click Here to Attach Receipt” button.

Then, click “Submit.”



### Child Abuse and Neglect Central Registry Payment Information

- Credit Card : [\(1\) Make Online Payment](#) [\(2\) Click Here to Attach Receipt](#)  
 Pre-Payment Account : FEIN:  FEIN Format is XX-XXXXXXX.  
 Mentor Account : Mentor Program:   
 Exempt : Agency Name:

\*No fee for State Government Agencies. Sub-Contracting Agencies Not Included.

[Submit](#) [Clear Form](#)

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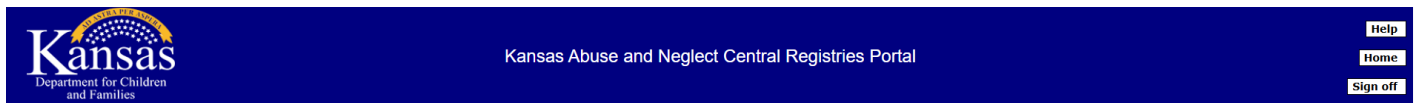
## Step 4: Information Collection

Fill out the requested information prompts. Depending on the request, not all form fields are required; however, fields marked with an asterisk\* are required. After entering all required information, click "Submit."

Please note that "Other Names Used" includes maiden names, married names and aliases. If there are more than five additional names, a separate submission and payment is required.

A Social Security number or proof of citizenship is required. If the applicant is a non-citizen, please leave the SSN blank and upload proof of citizenship from another country.

You may list up to five email addresses to receive the results. **All** email addresses entered in this section will receive confirmation that DCF has received the submission and the results via encrypted email.



### Applicant Personal Information

If requesting registry results for yourself enter your personal information in the "Agency fields" section. \* Indicates Required Field

	First Name	Middle Name	Last Name
* Applicant Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter N/A if Maiden/Other Name field is not applicable.			
* Maiden/Other Name Used:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Name Used:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Name Used:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Name Used:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Name Used:	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Sex:	<input type="text" value="--Select--"/>	* Date of Birth:	<input type="text" value="mm/dd/yyyy"/>
* U.S. Citizen?:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Attach proof of other citizenship if not U.S. Citizen	
SSN (Required if U.S. Citizen.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Address:	<input type="text"/>	City:	<input type="text"/>
* Phone Number:	<input type="text"/>	State:	<input type="text" value="--Select--"/>
* Agency Name:	<input type="text"/>	Zip Code:	<input type="text"/>
* Agency Contact(s):	<input type="text"/>	If requesting registry results for yourself enter your name.	
* Agency City:	<input type="text"/>	* Agency State:	<input type="text" value="--Select--"/>

Results are sent via Encrypted Email, where would you like them sent?:

* Email Address:	<input type="text"/>
Email CC:	<input type="text"/>
Email CC:	<input type="text"/>
Email CC:	<input type="text"/>
Email CC:	<input type="text"/>

\*I give permission for the release of any information concerning myself in the Adult Abuse, Neglect and Exploitation Central Registry or the Child Abuse and Neglect Central Registry to the contact(s) listed above. I understand the information released is for their exclusive and confidential use. \*  Yes  No

\* I Agree and understand that by checking this box, the information I have entered is accurate.

\* I am submitting this form on behalf of myself, a minor, or on behalf of someone which I already have a signed release of information on file for.

Applicants under the age of 16 require a parent/guardian signature and title of signatory.

I am a parent or guardian and I am completing for the minor:  Yes  No

Parent/Guardian Name (First,MI,Last):

Parent/Guardian Electronic Signature:  Guardian Type:  Date:

\* This electronic signature is the legal equivalent of my manual handwritten signature, and I consent to be legally bound to this agreement.

\* Electronic Signature:  \* Date:

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## Step 5: Exit

You will then be met with a portal exit screen. Don't forget to close your browser window.



### Kansas Abuse and Neglect Central Registries Portal

#### Portal Exit

Please close this browser window!

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## Submission Email Confirmation

Once the form is submitted, you should receive a confirmation email. Please do not reply to this message.

## Encrypted Email Results

If your request is approved, results will be sent to you and those indicated on the request form via encrypted email. The results will be included in the within the body of the email. A letter with the results will also be attached in the email you receive.