How to Submit a Child Abuse History Certification

Select "Create Individual Account":



• After creating your Keystone ID, you will receive a prompt to check your email for a temporary password. Once you receive the temporary password, return to login page and select Individual Login:

WELCOME TO THE Child Welfare Portal

Our service provides a means for individuals to apply for PA Child Abuse History Clearance online and for mandated reporters to report child abuse in Pennsylvania.

INDIVIDUAL LOGIN

CREATE INDIVIDUAL ACCOUNT

Organizations can manage PA Child Abuse History Clearances online for their employees and volunteers

ORGANIZATION LOGIN CREATE ORGANIZATION ACCOUNT

What Would You Like To Do Today? Please select which account you would like to access. ACCESS MY CLEARANCES ACCESS MY REFERRALS

• Enter your Keystone ID and temporary password:



· After setting your permanent password, select Submit:

Set Permanent Password	
Alert: Please change your current pa	ssword before continuing.
• = Required	
User ID	AFSTEST
First Name	AFS
Last Name	USA
Password	
Confirm Password	
To ensure online security, the Commonwealth are at least eight characters long.	of Pennsylvania requires pa
contain at least one number. contain at least one upper case letter.	
contain at least one lower case letter. contain at least one special character, such as @&*%\$^.	
do not include any of your user name, your first name, o	or your last name.

• Return to the login page and enter your Keystone ID and permanent password:

Keystone Key	Self-service for Citizens	
LSATEST	Forgot Password	
	Ledit Profile	
LOGIN	Self-service for Commonwealth Employees	
	Change CWOPA Password or Hint Questions	

• After accepting Terms and Conditions, select Create Clearance Application:

My PA Child Abuse History Clearances	CREATE CLEARANCE APPLICATION	ADD APPLICATION TO ACCOUNT

• Select "Volunteer Having Contact with Children" and then "Other" for the category:

	Application Purpose
Application Purpose Applicant Information Current Address Previous Address	Please select the reason you are submitting this Pennsylvania Child Abuse History Clearance application. You can select only one reason per application. If you require additional child abuse history clearances for any other reason, you will need to submit another application. You can submit another application at any time from your PA Child Abuse History Clearance Account.
Household Members	For more detailed definitions and exceptions to clearance requirements please see the Who Needs Child Abuse Clearances at http://keepkidssafe.pa.gov/clearances/index.htm
Part 2	Volunteer Having Contact with Children: Applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsibl for the child's welfare or having direct volunteer contact with children.
Application Payment	Individuals submitting an application as a Volunteer Having Contact with Children agree to use the certification for volunteer purposes only. The application fee will be waived if you have not obtained a volunteer certification free of charge within the previous 57 months.
	Please Note: The use of the term "certification " is used interchangeably with "clearance".
	Volunteer Category (required) Agency Name (required)

· Fill out each section of application:

Please note that while a SSN is not required to submit the clearances, not providing one could delay the processing time.

Back To My Account	e-Clearance ID: 0000	01347932	DELETE A	PPLICATION SAVE APPLICATION
Part 1	Applicant Info	rmation		
Applicant Information	Please provide some basi address where you wish t	c information about yoursel o receive all emails regardin	f and confirm that the email addre g this application.	ess listed below is the email
Previous Address	First Name (required)	Middle Name	Last Name (required)	Suffix
Household Members	AFS	Eg., Scott	USA	Select ×
Part 2	Date of Birth (required)	Gender (required)		
eSignature	12/17/1986	Female	~	
Application Payment	You are consenting to a v Social Security number is register), 6344 (relating to relating to family day care	erification of your Social Sec also being sought under 23 Information relating to pros	urity number through the Social S Pa.C.S. §§ 6336(a)(1) (relating to In spective child care personnel), 634 2 (relating to Information relating	ecurity Administration. Your Iformation in statewide central 44.1 (relating to Information to other persons baying contact

with children). The department will use your Social Security number to search the statewide central register to determine

whether you are listed as the perpetrator in an indicated or founded report of child abuse

• Under the eSignature section, answer "No":

eSignature

To complete your application, please tell us if you have received a volunteer certification free of charge within the previous 57 months.

ive you received a paper or electronic volunteer certification free of charge since 05/02/2011 ? (required
) Yes 💿 No

Please eSign below by checking the acknowledgement and entering your first and last name exactly as it appears on the Applicant Information screen.

- I hereby affirm that the information entered on this application is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). I have selected Volunteer Having Contact with Children as the purpose for my application and I agree to the following: (required)
 - I have not received a background certification free of charge within the previous 57 months;
 - The background certification is necessary to satisfy the requirements under Chapter 63 subsection 6344(b);and
 - I understand that the certification shall not be valid or used for any other purpose, including employment.

Signature (required)

<PREVIOUS

• Under the Application Payment section, answer "No" and then select "Waiver Application Fee and Submit Application":

Application Payment		
Did the organization you are volunteering for provide an authori code is not required to submit your application. (required) ? • Yes • No	zation code for your application? An authorization	
As a volunteer applicant, your application fee is waived since you have not obtained a volunteer certification free of charge within the previous 57 months.		
<pre>Content</pre>	WAIVE APPLICATION FEE AND SUBMIT APPLICATION >	

• You will receive an email once your clearance is completed (within 14 business days). Return to the <u>login page</u>, select "Individual Login" then "Access My Clearances" to download your clearance. This should be emailed to <u>cbc@afsusa.org</u> or faxed to 646-937-6050.

My PA Child Abuse History Clearances	CREATE CLEARANCE APPLICATIO	ADD APPLICATION TO ACCOUNT
A Status of Submitted Applications		
You can modify an application with an issued certificate, if an error exists on button below.	the current certificate. To resubmit an	application, click the Resubmit
Warning It is recommended that you DO NOT save your certificate on a public compute Only save your certificate to a trusted computer to protect your information.	r. Doing so could leave your personal inf	ormation open for others to view!
e-Clearance ID: 000001335570 රිය		RESUBMIT
<u>e-Clearance ID: 000001335570</u> රිය Purpose Volunteer Having Contact with Children	Created On 01/28/2016	Updated On 01/28/2016