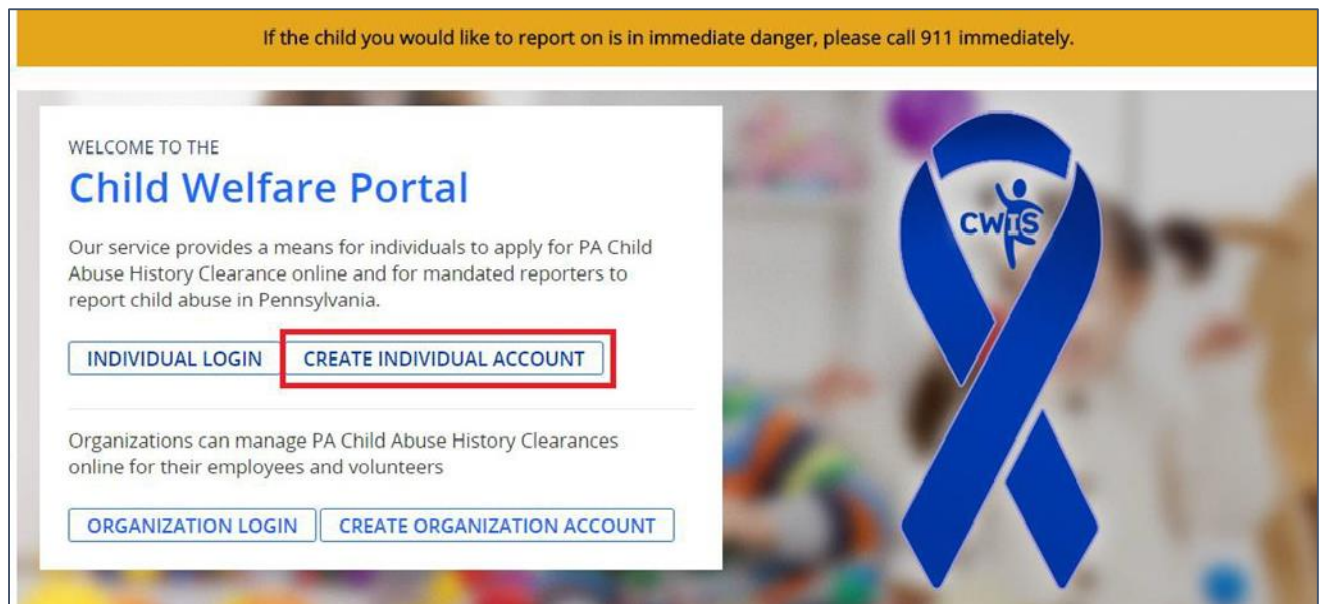



Special Olympics Pennsylvania Child Abuse History Clearance Application Guide

This is the guide in creating an account in PA Child Welfare Information Solution (CWIS) and submitting your Neglect/Abuse history clearance application.


1. Go to <https://www.compass.state.pa.us/cwis>.
2. Click "CREATE INDIVIDUAL ACCOUNT".




3. Click 'Next' in the bottom right corner.

 **pennsylvania**

Create Keystone ID: General Information

1 
General Information

2 
Profile Information

Welcome!

The Commonwealth of Pennsylvania is improving how it provides online services to citizens! Several state agencies are working together to allow you to establish a Keystone ID which creates a single way to access several different state programs. Currently, the Keystone ID that you create and manage here can be used for:

Child Welfare Portal
Users of the Child Welfare Portal can apply for a Pennsylvania child abuse history clearance or submit child abuse referrals.

SERS' Online Member Services
Members of the State Employees' Retirement System can get statements, run estimates, and more.

Disaster Training Registration
The Disaster Training Registration allows Individuals to search for and attend courses related to disaster situations.


COMPASS
COMPASS is an online application for Pennsylvanians to apply for many health and human service programs.

If you already have signed into any of these programs, you do not need to create another one now. Simply use the user name and password you've already established to access all of these services. Keep in mind that if you change your password or any other profile information in any one of these programs, the changes you make will apply to all programs that use the Keystone ID.
Keep an eye out for the Keystone ID sign-in on more state websites in the future. It's just another way the Commonwealth of Pennsylvania is working to serve you better.


NEXT


CANCEL

4. Complete all fields and click 'Finish'.

 pennsylvania

Create Keystone ID: Profile Information

1 
General Information

2 
Profile Information

• = Required

To create a new Keystone ID, please provide the following information:

• Keystone ID (must be 6 to 10 characters)

• First Name

• Last Name

• Date Of Birth (MM/DD/YYYY)

• E-mail

• Confirm E-mail

To ensure online security, please select and provide answers for security questions. These questions will be used if you forget your password.

Security Question Tips
Choose questions for which you will easily recall the answers; do not write down the questions and answers, as this undermines their usefulness as a security tool.
Answers must be typed exactly the same way, every time. So, if you capitalize "Philadelphia" or if you write "Philadelphia PA" here, you must do so every time you use the question.
Avoid using special characters (\$#@%) and punctuation (" . - .) in your answers.
You cannot use the same question more than once.
Answer cannot be any phrase directly from the question.

• Security Question 1 Please select a security question

• Answer

• Security Question 2 Please select a security question

• Answer

• Security Question 3 Please select a security question


• Answer

For security reasons, please answer the following question.

Question	Christmas Day is what date in December?
Answer	<input type="text"/>

BACK **FINISH** **CANCEL**

5. On the next screen click "Close Window".
6. You will receive two (2) emails, one with your USERID and one with your temporary password.
7. Go to <https://www.compass.state.pa.us/cwis>.

**pennsylvania**

Check your e-mail for your temporary password!

You have successfully created a Keystone ID and a temporary password has been e-mailed to you. For the safety of your personal and financial information, you cannot begin working until you retrieve this temporary password and sign back in to the system. You need to use this temporary password the first time you sign in. When you sign in for the first time, you will be required to create a personal password for future use.

Please close this browser window and login to your application.

8. Click the “Individual Login” option.

If the child you would like to report on is in immediate danger, please call 911 immediately.

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](#)



9. Click the “Access My Clearances”.

What Would You Like To Do Today?

Please select which account you would like to access.

[ACCESS MY CLEARANCES](#) [ACCESS MY REFERRALS](#)

Learn More

ABOUT THIS WEBSITE

This secure website is provided for individuals who want to have their **Pennsylvania Child Abuse History Clearance** processed online. The Pennsylvania Child Abuse History Clearance Check will provide the applicant information as to whether or not they are listed in the Pennsylvania statewide database as a perpetrator of child abuse.

DISCLOSURE OF PERSONAL INFORMATION

Public Disclosure

As a general rule, the Commonwealth does not disclose any personally identifiable information (PII) collected online except where you have given us permission, or where the information is public information under the Pennsylvania Right to Know Act 65 P.S. 66.1 et seq., or other applicable laws. Visitors should be aware that information collected by the Commonwealth on its websites may be subject to examination and inspection, if such information is a public record and not otherwise protected from disclosure.

Social Security Number Disclosure

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having 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.

Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

WARNING

You are entering a secure government website for the purpose of requesting a **Pennsylvania Child Abuse History Clearance**. By entering this site, you certify that you have read and understand the above guidelines and legislation.

10. On the next screen, click "Continue".

WARNING

You are entering a secure government website for the purpose of requesting a **Pennsylvania Child Abuse History Clearance**. By entering this site, you certify that you have read and understand the above guidelines and legislation.

Note

If your web browser prompts you to accept a security certificate, you must accept it to proceed.

WARNING!

US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES.

Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.

CONTINUE ➤

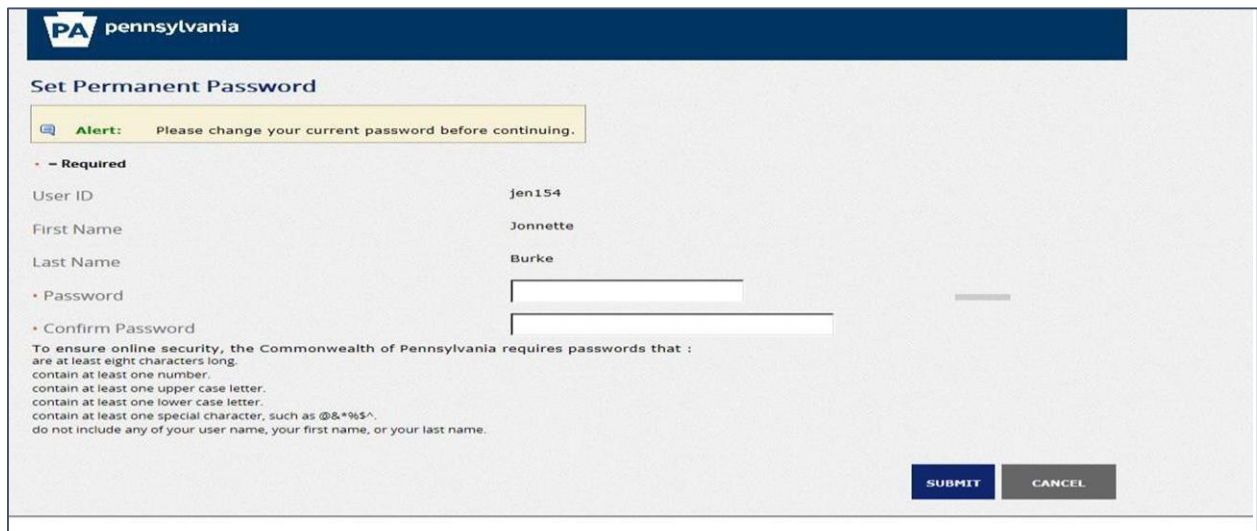
11. Enter the USERID and Temporary Password received in email.



The login screen for the PA pennsylvania system. It features a blue header with the PA pennsylvania logo. Below the header, there is a red box with the text "UserID or Keystone ID you have created." and a red arrow pointing to the "Username" input field. The "Keystone Key" label is positioned above the "Password" input field. A yellow "LOGIN" button is located below the password field. To the right, there are two sections: "Self-service for Citizens" with links for "Forgot Password" and "Edit Profile", and "Self-service for Commonwealth Employees" with a link for "Change CWOPA Password or Hint Questions".

12. Click "Login".

13. For your first time login, you will be required to change your password, kindly create a new password and click submit.



The "Set Permanent Password" screen for the PA pennsylvania system. It features a blue header with the PA pennsylvania logo. Below the header, there is a yellow alert box with the text "Alert: Please change your current password before continuing." Below the alert, there is a "Required" section with the following fields: "User ID" (jen154), "First Name" (Jonnette), "Last Name" (Burke), "Password" (empty), and "Confirm Password" (empty). Below the fields, there is a list of password requirements: "To ensure online security, the Commonwealth of Pennsylvania requires passwords that : are at least eight characters long, 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, or your last name." At the bottom right, there are "SUBMIT" and "CANCEL" buttons.

14. Close the window.

Congratulations!

You have successfully set a personal password for your Keystone ID!

Please click the Close Window button and login to your application with your personal password.

Close Window

15. You are redirected back to the login screen; enter your USERID and new password. Click Login after entering your credentials.

Keystone Key

LOGIN

Self-service for Citizens

 **Forgot Password**

 **Edit Profile**

Self-service for Commonwealth Employees

 **Change CWOPA Password or Hint Questions**

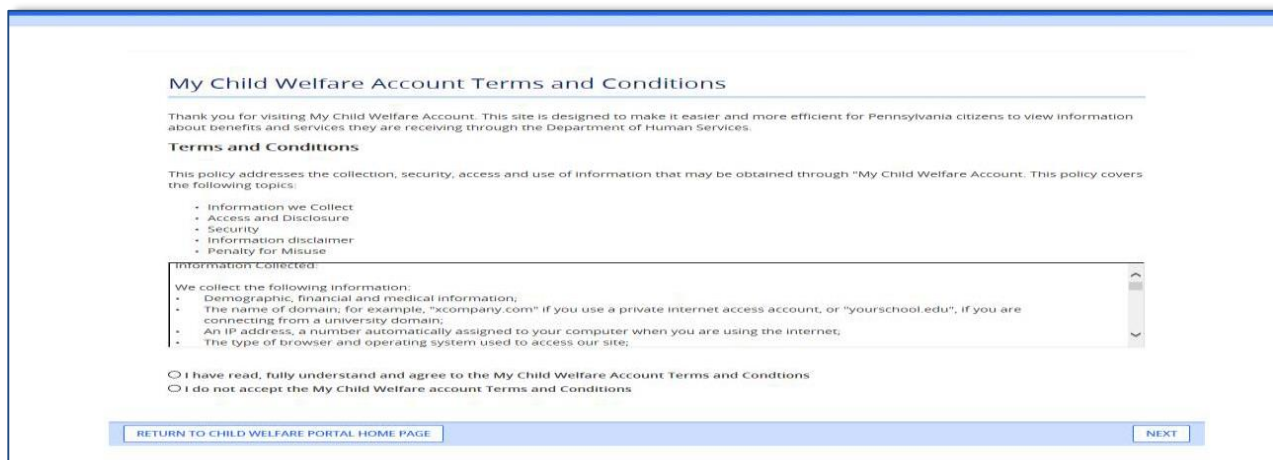
ENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud i
constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this syste
ies under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.



The image shows the Keystone Key login interface. On the left, there is a 'Keystone Key' section with input fields for 'Username' and 'Password', and a yellow 'LOGIN' button. To the right, there are two main service areas: 'Self-service for Citizens' and 'Self-service for Commonwealth Employees'. The 'Self-service for Citizens' area includes links for 'Forgot Password' (with a lock icon) and 'Edit Profile' (with a person icon). A red arrow points from the 'Forgot Password' link to a red-bordered box on the right that says 'Click here if you have forgotten your password.' The 'Self-service for Commonwealth Employees' area includes a link for 'Change CWOPA Password or Hint Questions' (with a question mark icon).

*Note: You will be required to input your Keystone ID/Username and answer your security questions to reset your password. The temporary password will be sent to your registered email address. **If still unsuccessful, kindly reach out to CWIS Support Center for assistance with your login credentials.***

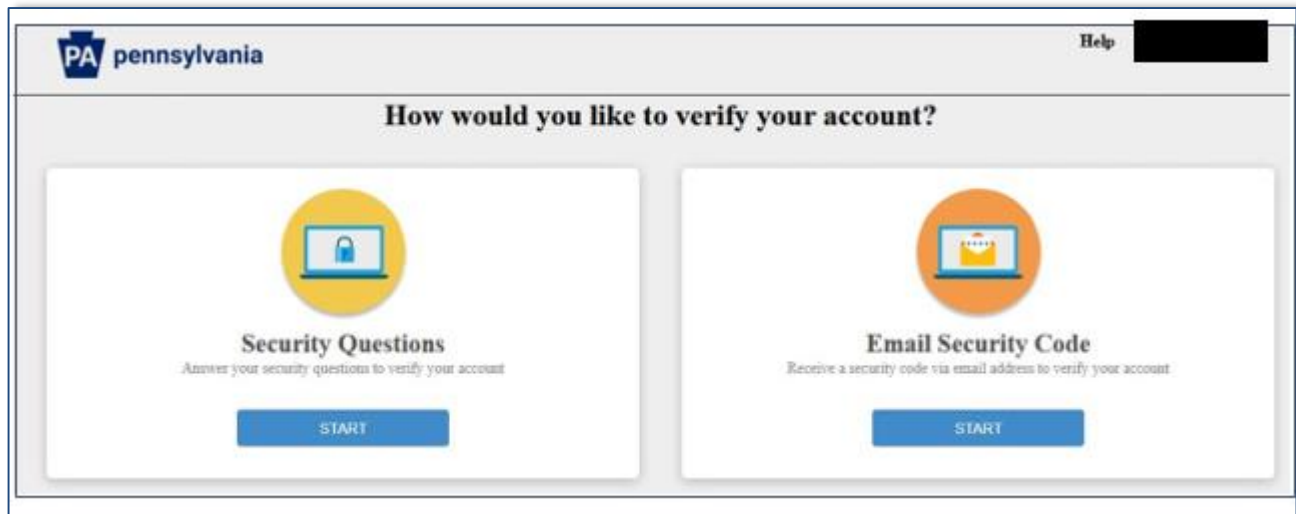
16. After reviewing the terms and conditions, select that you have read it and click “Next”.



The image shows the 'My Child Welfare Account Terms and Conditions' page. It starts with a title 'My Child Welfare Account Terms and Conditions' and a paragraph: 'Thank you for visiting My Child Welfare Account. This site is designed to make it easier and more efficient for Pennsylvania citizens to view information about benefits and services they are receiving through the Department of Human Services.' Below this is a section titled 'Terms and Conditions' with a paragraph: 'This policy addresses the collection, security, access and use of information that may be obtained through "My Child Welfare Account." This policy covers the following topics:' followed by a bulleted list: 'Information we Collect', 'Access and Disclosure', 'Security', 'Information disclaimer', and 'Penalty for Misuse'. Below the list is a scrollable box titled 'Information Collected:' containing the text: 'We collect the following information: Demographic, financial and medical information; The name of domain; for example, "xcompany.com" if you use a private internet access account, or "yourschool.edu", if you are connecting from a university domain; An IP address, a number automatically assigned to your computer when you are using the internet; The type of browser and operating system used to access our site;'. At the bottom, there are two radio buttons: 'I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions' (which is selected) and 'I do not accept the My Child Welfare account Terms and Conditions'. At the very bottom, there are two buttons: 'RETURN TO CHILD WELFARE PORTAL HOME PAGE' and 'NEXT'.

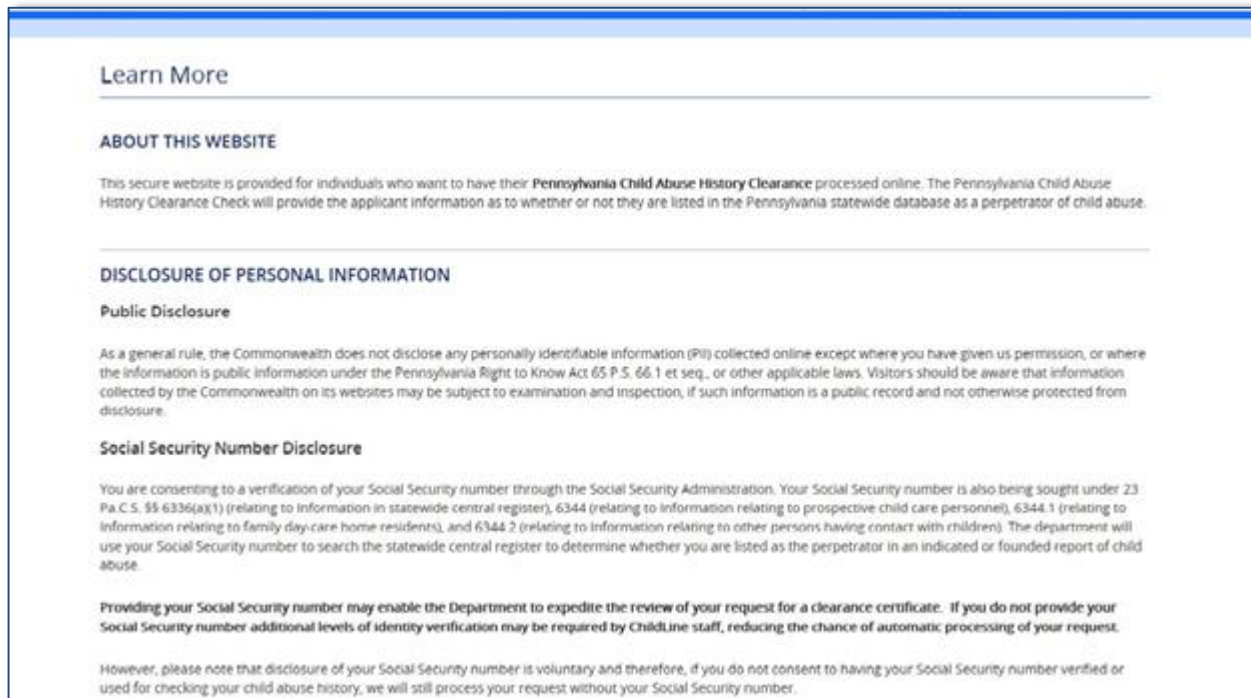
Note: If using a public or unknown device, you will be asked to either answer your security questions or send security code to your email address. Once the account has been verified, you will be routed to the My Child Welfare Account Terms and Conditions.

Note: If using a public or unknown device, you will be asked to either answer your security questions or send security code to your email address. Once the account has been verified, you will be routed to the My Child Welfare Account Terms and Conditions.



The screenshot shows the Pennsylvania Department of Human Services account verification page. At the top left is the 'PA pennsylvania' logo, and at the top right is a 'Help' link next to a redacted area. The main heading is 'How would you like to verify your account?'. Below this are two options: 'Security Questions' and 'Email Security Code'. Each option has an icon (a padlock for security questions, an envelope for email code), a description, and a 'START' button. The 'Security Questions' description says 'Answer your security questions to verify your account'. The 'Email Security Code' description says 'Receive a security code via email address to verify your account'.

17. On the next screen, click “Continue”.



The screenshot shows the 'Learn More' page of the Pennsylvania account verification system. The page has a blue header with the text 'Learn More'. Below the header is a section titled 'ABOUT THIS WEBSITE' with a paragraph explaining that the secure website is for individuals who want to have their Pennsylvania Child Abuse History Clearance processed online. The next section is 'DISCLOSURE OF PERSONAL INFORMATION', which includes two sub-sections: 'Public Disclosure' and 'Social Security Number Disclosure'. The 'Public Disclosure' section explains that the Commonwealth does not disclose any personally identifiable information (PII) collected online except where you have given us permission, or where the information is public information under the Pennsylvania Right to Know Act. The 'Social Security Number Disclosure' section explains that you are consenting to a verification of your Social Security number through the Social Security Administration, and that your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having 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. The page also includes a paragraph stating that providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate, and that if you do not provide your Social Security number, additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request. Finally, a paragraph states that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.



Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

WARNING

You are entering a secure government website for the purpose of requesting a Pennsylvania Child Abuse History Clearance. By entering this site, you certify that you have read and understand the above guidelines and legislation.

US Government System and Department Of Human Services. Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.

Note

If your web browser prompts you to accept a security certificate, you must accept it to proceed.

[CONTINUE >](#)

18. Click "Create Clearance Application".

My PA Child Abuse History Clearances

[CREATE CLEARANCE APPLICATION](#)

[ADD APPLICATION TO ACCOUNT](#)




20. Click “Begin” to start application process.

Getting Started

What to Expect

The exact amount of time it will take for you to complete this clearance application will vary depending on the information you supply.

If you have been provided an authorization code by the organization that is asking you to apply for a clearance, you will have a chance to enter it on the application payment page. Otherwise you will have the ability to enter your credit/debit card information as a form of payment.

You will be required to provide an electronic signature (e-Signature) in order for your Pennsylvania Child Abuse History Clearance application (CY113) to be accepted. If you do not wish to provide an e-Signature then you must download, complete, sign and mail in a paper copy of the CY113. You can download the CY113 by [clicking here](#) 

You will be able to save and print your application once you have completed the application online.

Your clearance certificate will be available through your Child Abuse History Clearance Account once your application has been processed. Additionally, you can choose to have it sent to your home or mailing address. Your Child Abuse History Certification is valid for 60 months.

Information You Will Need


Before you start, you should have the following information readily available to help you complete your application:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by
- Applicants that do not meet the volunteer application criteria or volunteers who have already received a volunteer certification free of charge within the previous 57 months will need to provide either credit/debit card information for an \$13.00 application fee or an authorization code from the organization that is asking you to obtain a Pennsylvania Child Abuse History Certification.

Volunteer Applicants

As a volunteer applicant you are permitted to receive one certification free of charge every 57 months. In order to submit a volunteer application without a payment, you are required to affirm that you have not already received a paper or electronic volunteer certification free of charge within the previous 57 months.

Additional Information

All of the information that you entered here is secure and confidential. For more information on the security and confidentiality of this website, please view the [Commonwealth of Pennsylvania's Privacy Policy](#)  Additionally more information is provided in the [Rights and Responsibilities](#).

If you have any questions about your application, please refer to the [Frequently Asked Questions](#) page. If you need further assistance, please contact the ChildLine and Abuse Registry's Child Abuse Clearance Unit at 1-877-371-5422.

[◀ PREVIOUS](#)

[BEGIN ▶](#)



21. Application Purpose: On this screen you will see a list of choices to choose from. Please choose the one that suits your purpose.

Here is a detailed list of options to choose from:

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>

1.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 responsible for the child's welfare or having direct volunteer contact with children.

2. Foster Parent: Applying for purposes of providing foster care.

3. Prospective Adoptive Parent: Applying for the purpose of adoption.

4.Employee of Child Care Services: Applying for the purposes of child-care services in the following: Child day-care centers; group day-care homes; family child-care homes; boarding homes for children; juvenile detention center services or other programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day-care services or other programs that are offered by a school.

5.School Employee Governed by Public School Code: Applying as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code.

6.School Employee Not Governed by Public School Code: Applying as a school employee not governed by Section 111 of the Public School Code.

7.Self-employed provider of child-care services in a family child-care home: Applying for the purpose of providing child-care services in one's home (other than the child's own home) at any one time to four, five or six children who are not relatives of the caregiver.

8. Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child's welfare or having direct contact with children: Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or a public or private organization:

- ☐ A youth camp or program;
- ☐ A recreational camp or program;
- ☐ A sports or athletic program;
- ☐ A community or social outreach program;
- ☐ An enrichment or educational program; and
- ☐ A troop, club or similar organization

9. Individual seeking to provide child-care services under contract with a child-care facility or program: Applying for the purpose of being able to provide child-care services as part of a contract or grant funded program.

10. Individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year.

11. Individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year.

12. Individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year.

13. Individual 18 years or older, excluding individuals receiving services, who resides in one of the following homes for at least 30 days in a calendar year

- ☐ Family living home
- ☐ Community home for individuals with an intellectual disability
- ☐ Host home for children

14. PA Department of Human Services Employment and Training Program Participant: Applying for the purpose of participating in a PA Department of Human Service Employment and Training Program through a county assistance office (CAO) or the Office of Income Maintenance (OIM)



- If you have selected the first purpose, please choose “Other” from the Volunteer Category list and enter “Special Olympics Pennsylvania” or “SOPA” as the Agency Name:

☒ **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 responsible for the child's welfare or having direct volunteer contact with children.

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)

Other ▼ Special Olympics Pennsylvania

22. Once you have made your choice, click “Next”.

[Back To My Account](#)

e-Clearance ID: **000003630546**

DELETE APPLICATIONSAVE APPLICATION

Part 1

☒ Application Purpose

☐ Applicant Information

☐ Current Address

☐ Previous Address

☐ Household Members

☐ Application Summary

Part 2

☐ eSignature

☐ Application Payment

Application Purpose

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.

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>

- ☐ 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 responsible for the child's welfare or having direct volunteer contact with children.
- ☐ Foster Parent: Applying for purposes of providing foster care.
- ☐ Prospective Adoptive Parent: Applying for the purpose of adoption.
- ☐ Employee of Child Care Services: Applying for the purposes of child-care services in the following: Child day-care centers; group day-care homes; family child-care homes; boarding homes for children; juvenile detention center services or other programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day-care services or other programs that are offered by a school.
- ☐ School Employee Governed by Public School Code: Applying as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code.
- ☐ School Employee Not Governed by Public School Code: Applying as a school employee not governed by Section 111 of the Public School Code.

- Self-employed provider of child-care services in a family child-care home: Applying for the purpose of providing child-care services in one's home (other than the child's own home) at any one time to four, five or six children who are not relatives of the caregiver.
- Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child's welfare or having direct contact with children: Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or a public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club or similar organization
- Individual seeking to provide child-care services under contract with a child-care facility or program: Applying for the purpose of being able to provide child-care services as part of a contract or grant funded program.
- Individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year.
- Individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year.
- Individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year.
- Individual 18 years or older, excluding individuals receiving services, who resides in one of the following homes for at least 30 days in a calendar year:
 - Family living home
 - Community home for individuals with an intellectual disability
 - Host home for children
- PA Department of Human Services Employment and Training Program Participant: Applying for the purpose of participating in a PA Department of Human Service Employment and Training Program through a county assistance office (CAO) or the Office of Income Maintenance (OIM).

NEXT ➤

23. Complete all required information.

[Back To My Account](#)

Part 1

Application Purpose

Applicant Information

Current Address

Previous Address

Household Members

Application Summary

Part 2

eSignature

Application Payment

e-Clearance ID: 000003785848

DELETE APPLICATION

SAVE APPLICATION

Applicant Information

Please provide some basic information about yourself and confirm that the email address listed below is the email address where you wish to receive all emails regarding this application.

First Name (required)

Middle Name

Last Name (required)

Suffix

Eg., John

Eg., Scott

Eg., Smith

--Select--

Date of Birth (required)

Gender (required)

07/20/1988

--Select--

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having 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.

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having 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.

Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

Would you like to provide a Social Security Number (SSN)?



☒ Yes ☐ No

SSN

The email address below will be used for all emails regarding the submission and status of your application. If you would like to use a different email address, return to your PA Child Abuse History Clearance Account and click the Account Profile link provided at the top of the screen. This application will be available for you to continue from your account after your email has been updated. [Click here to return to your PA Child Abuse History Clearance Account to update your email address..](#)

Email Address

jordy@verifiedvolunteers.com

Do you have any previous names or nicknames that you have used in the past or that you may be known by? (required)



☒ Yes ☐ No

Contact Information

[+](#) ADD CONTACT NUMBER

	Phone Type	Phone Number	Extension
--	------------	--------------	-----------

EDIT

DELETE

[◀ PREVIOUS](#)

[NEXT ▶](#)

Contact Information

Phone Type (required)

--Select--

Phone Number (required)

Extension

CANCEL

ADD

[Back To My Account](#)

e-Clearance ID: 000001150707

DELETE APPLICATION

SAVE APPLICATION

Part 1

Application Purpose

Applicant Information

Current Address

Previous Address

Household Members

Application Summary

Part 2

eSignature

Application Payment

Current Address

Please enter your home and mailing address information on this page, and indicate your preferred certificate delivery method below.

Please keep a copy of this e-Clearance ID for future reference.

Home Address

Country required

United States

Address Line 1 required

Eg., 123 Main St

Address Line 2

Eg., Apartment 101

City required

State required

Zip Code required

County

Pennsylvania


--Select--

Mailing Address

All notices and correspondences will be sent to you at one mailing address entered here.

Attention

We can only send notices and correspondences (including your clearance certificate) to your residential address or your personal P.O.Box.

Is your mailing address the same as your home address? VIEW IT 

☐ Yes ☐ No

Certificate Delivery Method

Your clearance certificate will be available from your PA Child Abuse History Clearance Account. You have one ability to save and print your electronic certificate and use it as valid proof of clearance.

Note

The certificate will only be mailed to you if you select Yes below.

Would you also like to have a paper version of the certificate sent to your home or mailing address? VIEW IT

☐ Yes ☐ No

Important

You will continue to receive application updates and your certificate online, regardless of your answer.

[\(PREVIOUS](#)

[NEXT\)](#)



Back To My Account

e-Clearance ID: 000001150707

DELETE APPLICATION SAVE APPLICATION

Previous Addresses

Please enter everywhere you have lived since 1975. If you cannot remember exact addresses, please enter as much information as you can.

  ADD PREVIOUS ADDRESS

Country	Street Address	City	State	Zip Code	County

EDIT DELETE

PREVIOUS NEXT

Add Previous Address

Country (required)

--Select--

Address Line 1

Address Line 2

City

Region/Province

Zip Code

County

--Select--

CANCEL ADD

If no previous Addresses to enter, you can Skip by clicking on "Next".



Back To My Account

e-Clearance ID: 000001150707

DELETE APPLICATION SAVE APPLICATION

Household Members

Please tell us about everyone with whom you have ever lived since 1975 or anyone with whom you are currently living. This includes, but is not limited to, your parents, guardians, spouses and/or siblings.

  ADD HOUSEHOLD MEMBER

Full Name	Relationship To Applicant	Current Age	Gender

EDIT DELETE

← PREVIOUS NEXT →

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members**
- Application Summary

Part 2

- eSignature
- Application Payment

You are required to provide one of the following relationships: parent, grandparent, stepparent, legal guardian, foster parent, or ward of state. You are required to enter up to 2 household members.

If no additional information to enter, type "NA" on the required fields.

Household Member Information

First Name (required) Middle Name Last Name (required)

NA

Relationship To Applicant (required) Gender Current Age

Other --Select--

CANCEL ADD

25. Please select whether you have received a paper or electronic volunteer certification free of charge within the previous 57 months.

[Back To My Account](#)

e-Clearance ID: 000003597896

DELETE APPLICATION

SAVE APPLICATION

Part 1

☐ Application Purpose

☐ Applicant Information

☐ Current Address

☐ Previous Address

☐ Household Members

☐ Application Summary

Part 2

☒ eSignature

☐ Application Payment

eSignature

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

Have you received a paper or electronic volunteer certification free of charge since 12/10/2013 ? (required)

☒ Yes ☐ No

PREVIOUS

NEXT

24. Make sure that all information on the Application Summary are correct before clicking “Next”.

[Back To My Account](#)

e-Clearance ID: **000001150707**

DELETE APPLICATIONSAVE APPLICATION

Part 1

Application Purpose

Applicant Information

Current Address

Previous Address

Household Members

Application Summary

Part 2

eSignature

Application Payment

Application Summary

Below is a summary of the information you have entered so far. Please check your information for accuracy. If your information is not correct or needs to be updated, please click the edit button in the heading of the section that you would like to update and modify it as necessary.

EXPAND ALL

Application Purpose

Applicant Information

Current Address

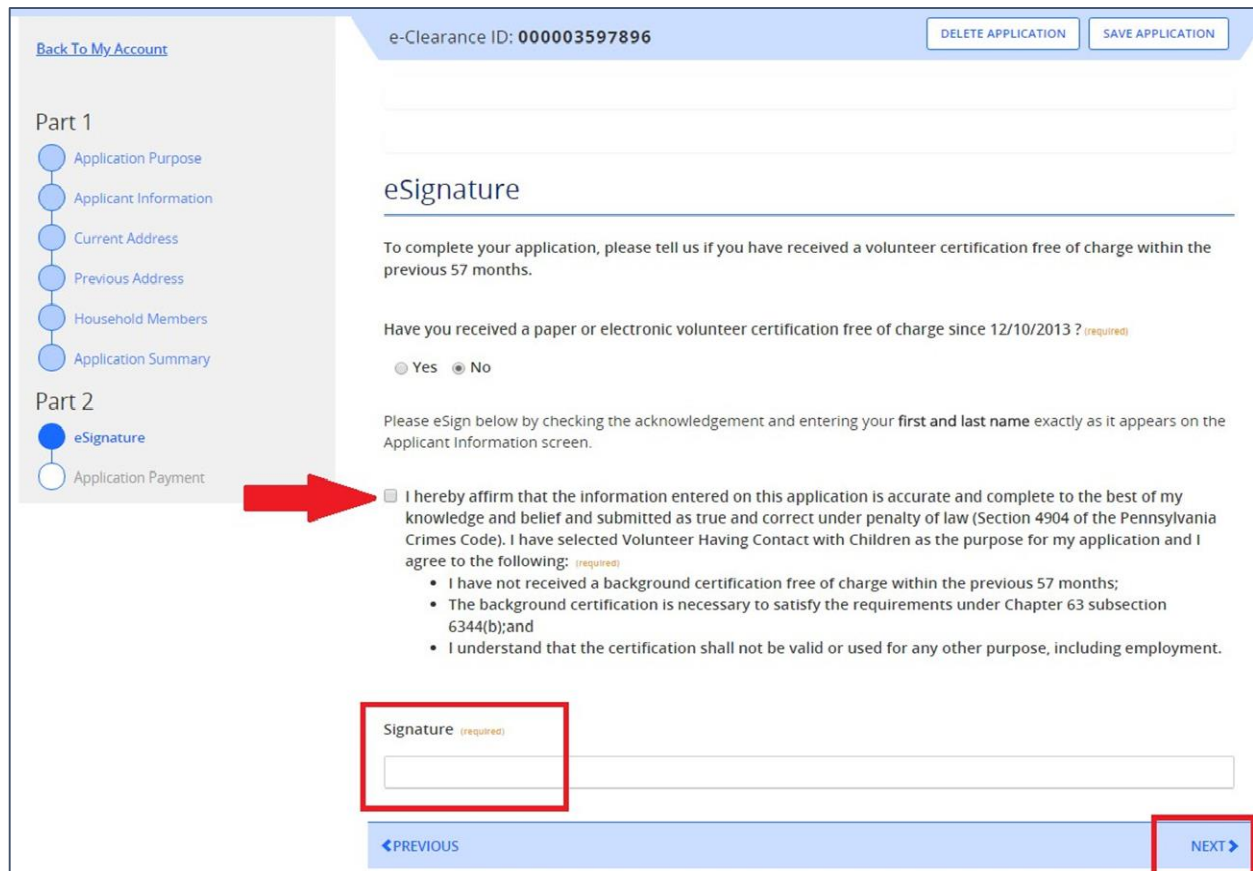
Previous Address

Household Members

PREVIOUS

NEXT

- If you select No, please tick the required box and type your First and Last Name exactly as it appears on the Application information screen as your Signature and click “Next”.



The screenshot shows the 'eSignature' section of an application. On the left, a sidebar lists 'Part 1' (Application Purpose, Applicant Information, Current Address, Previous Address, Household Members, Application Summary) and 'Part 2' (eSignature, Application Payment). The 'eSignature' step is selected. The main content area has a header 'eSignature' and instructions: 'To complete your application, please tell us if you have received a volunteer certification free of charge within the previous 57 months.' Below this is a question: 'Have you received a paper or electronic volunteer certification free of charge since 12/10/2013 ? (required)' with radio buttons for 'Yes' and 'No'. A red arrow points to a checkbox labeled '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)'. Below the checkbox are three bullet points: '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', and 'I understand that the certification shall not be valid or used for any other purpose, including employment.' At the bottom, there is a 'Signature (required)' label above a text input field, and a 'NEXT' button highlighted with a red box. A 'PREVIOUS' button is also visible.

Back To My Account

e-Clearance ID: 000003597896

DELETE APPLICATION SAVE APPLICATION

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members
- Application Summary

Part 2

- eSignature**
- Application Payment

eSignature

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

Have you received a paper or electronic volunteer certification free of charge since 12/10/2013 ? (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 NEXT

- If you select “Yes”, please tick the required box and sign with your First and Last Name as it appears on the Application information screen and click “Next”.

[Back To My Account](#)

e-Clearance ID: 000003597896

DELETE APPLICATION

SAVE APPLICATION

Part 1

☐ Application Purpose

☐ Applicant Information

☐ Current Address

☐ Previous Address

☐ Household Members

☐ Application Summary

Part 2

☒ eSignature

☐ Application Payment

eSignature

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

Have you received a paper or electronic volunteer certification free of charge since 12/10/2013 ? (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)

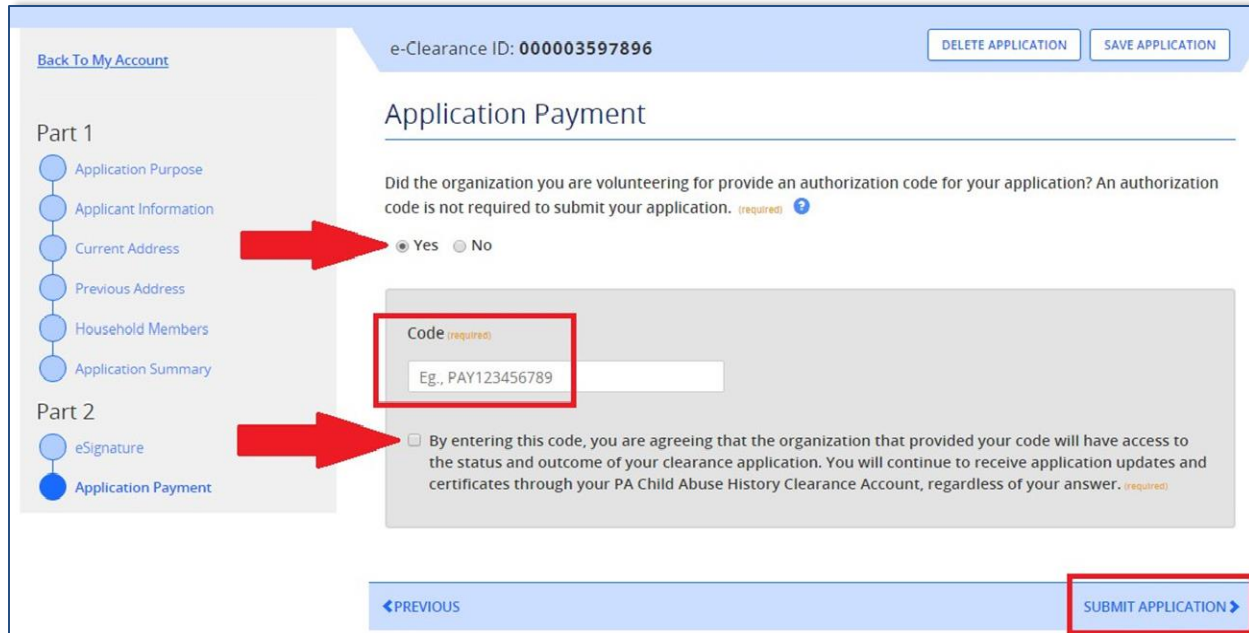
- The background certification is necessary to satisfy the requirements under Chapter 63 subsection 6344(b); and
- I understand that the certification shall not be valid or used for any other purpose, including employment.

Signature (required)

PREVIOUS

NEXT

26. Select “Yes” on the Application Payment and enter the prepaid code that was sent to you as your payment code. Once done, kindly submit the application.



The screenshot shows the 'Application Payment' section of a web form. On the left, a sidebar lists navigation steps: 'Part 1' includes 'Application Purpose', 'Applicant Information', 'Current Address', 'Previous Address', 'Household Members', and 'Application Summary'; 'Part 2' includes 'eSignature' and 'Application Payment'. The 'Application Payment' step is selected. The main content area has a header 'e-Clearance ID: 000003597896' and buttons for 'DELETE APPLICATION' and 'SAVE APPLICATION'. The title 'Application Payment' is followed by a question: 'Did the organization you are volunteering for provide an authorization code for your application? An authorization code is not required to submit your application. (required)'. Below this are radio buttons for 'Yes' (selected) and 'No'. A red arrow points to the 'Yes' button. Below the radio buttons is a text input field labeled 'Code (required)' with a red box around it, containing the example text 'Eg., PAY123456789'. Another red arrow points to the checkbox below the input field, which is currently unchecked. The checkbox text states: 'By entering this code, you are agreeing that the organization that provided your code will have access to the status and outcome of your clearance application. You will continue to receive application updates and certificates through your PA Child Abuse History Clearance Account, regardless of your answer. (required)'. At the bottom, there are two buttons: 'PREVIOUS' and 'SUBMIT APPLICATION', with the latter highlighted by a red box.

Back To My Account

e-Clearance ID: 000003597896

DELETE APPLICATION SAVE APPLICATION

Application Payment

Did the organization you are volunteering for provide an authorization code for your application? An authorization code is not required to submit your application. (required) ?

☒ Yes ☐ No

Code (required)

Eg., PAY123456789

☐ By entering this code, you are agreeing that the organization that provided your code will have access to the status and outcome of your clearance application. You will continue to receive application updates and certificates through your PA Child Abuse History Clearance Account, regardless of your answer. (required)

PREVIOUS SUBMIT APPLICATION

Kindly ensure to type the code manually rather than copying and pasting it.

Additional Information:

- Should you wish to save the application and continue at a later time, you may click on “Save Application”.

e-Clearance ID: 000003785848


DELETE APPLICATION


SAVE APPLICATION

- Once you log back in, you will have the ability to continue where you left off.

My PA Child Abuse History Clearances

CREATE CLEARANCE APPLICATION ADD APPLICATION TO ACCOUNT


 Incomplete Applications

e-Clearance ID:000003335641 

Purpose Volunteer Having Contact with Children

Created On 05/22/2018

Updated On 05/22/2018

 [CONTINUE](#) [DELETE](#)

Continue My Application

Please select one of the options below to continue your application.


[CONTINUE FROM THE LAST PAGE SAVED](#)

[CONTINUE FROM THE BEGINNING](#)



If you have any questions or issue with the Clearance process, or you need a new red code:

Please email the help desk at Verified Volunteers at: SpecialOSupport@VerifiedVolunteers.com or call 855-326-1860, Option 3.