

MERAMEC VALLEY R-III

126 North Payne Street
Pacific, Missouri 63069

636-271-1400
Fax 636-271-1406

Dr. Carrie Schwierjohn, Superintendent
Mr. Al Kirchhofer, Chief Financial Officer

Mr. Tom Sauvage, Assistant Superintendent
Dr. Ketina Armstrong, Assistant Superintendent

Meramec Valley R-III School District Adult School Volunteer Criminal Background Checks

The Meramec Valley R-III School District is committed to providing a safe environment for students to learn. As part of this effort, in accordance with policy, the district will require criminal background checks of certain volunteers. The district will conduct a criminal background check on all individuals volunteering in positions where they may be periodically left alone with students or have access to student records. Volunteers who chaperone students on overnight trips must satisfactorily complete a criminal background check.

A criminal background check will consist of a search of the following: Federal Bureau of Investigation's (FBI) criminal history files; The Missouri State Highway Patrol's (MSHP) criminal history database and sexual offender registry; The Family Care Safety Registry (FCSR) or the central registry of child abuse and neglect of the Children's Division (CD) of the Department of Social Services; Missouri Case.net; and other databases required by law or by the district. Information to complete the FBI/MSHP and FCSR background checks is available from each school office or the district office.

Volunteers are responsible for the cost of the criminal background checks. A person whose background check reveals behavior that would make the person unsuitable to volunteer in the district will not be allowed to volunteer. The district may participate in the state and federal Rap Back programs, which automatically notifies the district when a volunteer is arrested for a reportable offense after the district has conducted an initial background check under the program. Once notified, the superintendent or designee will discuss the incident with the volunteer. The superintendent or designee is authorized to take appropriate action as allowed by law and district policy and to contact the district's attorney to discuss any legal concerns. Continued participation in the Rap Back program requires all volunteers to be fingerprinted every five years and comply with each program's terms and conditions.

Volunteering in the district is a privilege, not a right. The district may decline the services of any volunteer for any legal reason. All information collected on volunteers will be considered confidential to the extent allowed by law and will be used only to protect students or minimize disruption to the educational environment.

As a condition of continuing to provide uncompensated services for the district, all volunteers required to submit to a criminal background check must notify the district if they are charged, convicted, plead guilty to or are otherwise found guilty of any misdemeanor or felony, regardless of the imposition of sentence, with the



"Together We Make A Difference In Doing What's Best For Kids"

exception of minor traffic violations. This notification must be made as soon as possible, but no later than five business days after the event, and is in addition to any reporting requirement established by law.

For more information about school volunteers or criminal background checks, please refer to Policy GBEC: Criminal Background Checks, Policy ICC: School Volunteers, and Administrative Procedure ICC-AP(1): School Volunteers.

Together we can make a difference in doing what is best for kids. School volunteers are an important component in the success of our students. We are delighted that you have chosen to take an active role in the education of our students by volunteering and we look forward to seeing you at school.

Sincerely,

Thomas R. Sauvage
Assistant Superintendent of Student Services and Personnel



Meramec Valley School District Screened Volunteer Information Sheet

State, federal law, and district policy require that persons authorized to have **contact** with students to:

1. Follow the screened volunteer approval process steps outlined below.
2. Follow all Meramec Valley School District policies and procedures.
3. Keep student information confidential.

Adult Volunteer Approval Process:

1. Request a Screened Volunteer Application from the School Secretary and **complete the Screened Volunteer Application** and return to the School Secretary upon completion. **We will make a copy of your driver's license.**
2. Authorize the Meramec Valley School District (MVRIII) to complete a background check by completing the Family Care Safety Registry at <http://health.mo.gov/safety/fcsr/>. There is a \$15.25 fee to register with the Family Care Safety Registry.
3. Register to have your fingerprints taken. See instructions attached. The processing time for a fingerprint-based background search is generally seven to ten business days. the cost is \$41.75 per applicant. To schedule an appointment with IdentoGO or to view fingerprint locations, you may access the MACHS Fingerprint Search Portal below.
<http://www.machs.mo.gov/>
Use registration code 0674.
4. **Notify your student's school when both FCSR and MACHS are completed.** The School Secretary will contact you once you are cleared and eligible to volunteer.

Meramec Valley School District Screened Volunteer Application

A SCREENED VOLUNTEER MAY PERIODICALLY BE LEFT ALONE WITH STUDENTS

Any person, who wishes to become a Screened Volunteer in Meramec Valley R-III School District, must **complete the following application, register with the Family Care Safety Registry, and complete the FBI Highway Patrol Background Check.**

When complete, all paperwork should be returned in person to the main office at your school of choice. **Identification must be shown and copied when turning in this application.** This application, along with the background check will be reviewed and permission will either be approved or denied.

Last Name _____ First Name _____

Affiliation with MVR-III _____

Social Security Number _____ Date of Birth ____/____/____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____

Email Address _____

I would like to be a screened volunteer at the following schools _____

If observing, I am from (institution name) _____

Institution contact name _____

Institution contact telephone Number _____

As a screened volunteer I, _____, know it is possible I may see or hear confidential student information. I will protect the privacy rights of all students and, therefore, shall not release in written, electronic, video, oral form any personally identifiable information regarding any student. I will not divulge this information to other members of the public. I understand if I fail to respect student privacy rights and confidential information I will be prohibited from volunteering/observing within the Meramec Valley R-III School District.

Please complete the following:

1. Have you ever been convicted, plead guilty to, or received a suspended imposition of sentence for a felony?
Yes ☐ No ☐

If Yes, please explain type of felony and the date and county of conviction?

2. Other than a traffic violation, have you been convicted, plead guilty to, or received a suspended imposition of sentence for a misdemeanor?
Yes ☐ No ☐

If Yes, please explain type of misdemeanor and the date and county of conviction:

3. Do you have any criminal charges pending against you?
Yes ☐ No ☐

4. Have you ever been convicted of a sex or drug related offense or crime of violence?
Yes ☐ No ☐

5. Are you required to register as a sex offender under Missouri Chapter 584 RSMO?
Yes ☐ No ☐

6. PLEASE PROVIDE TWO PERSONAL REFERENCES:

Name, Address, Telephone

Name, Address, Telephone

7. EMERGENCY CONTACT INFORMATION:

Name, Address, Telephone

Name, Address, Telephone

Physician's name/phone

Preferred Hospital

8. DRIVER'S LICENSE (School secretary must see original and attach copy)

I give permission to have my personal and professional references researched and hold harmless the district and any individuals providing the district with information.

It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Missouri law I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. I hereby give the Meramec Valley R-III School District the right to conduct a background check on me prior to approving my application.

My signature below indicates that I declare, under penalty of perjury, that I have not suffered convictions for sex or drug related offenses or for crimes of violence, there are no criminal charges pending against me, and that I am not a registered sex offender.

My signature below indicates that I agree to abide by the district standards, policies and procedures, and I understand if I fail to do so, I will be prohibited from volunteering within the Meramec Valley R-III School District.

Parent/Volunteer Signature _____ Date _____

For Central Office use only

CO Official signature

Date

CLEARED ☐

NOT CLEARED ☐

FBI/Highway Patrol Background Check Procedure

School District Name: Meramec Valley R-III School District

School District Address: 126 N. Payne St., Pacific, MO 63069

Registration/Scheduling an Appointment (Missouri Residents)

All individuals must pre-register online for fingerprinting through the State Highway Patrol's Missouri Automated Criminal History Site (MACHS). The registration site is located at www.machs.mo.gov.

MACHS Registration Instructions

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" Click here to register with the fingerprint portal
3. Click on the "blue box" Click here to register with MACHS
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

4-Digit Fingerprint Registration Codes for MVR-III

0672 Certified Teachers – 036126C

0673 Substitute Teachers – 036126S

0674 Non-certified (Chartwells employees, Volunteers, Custodians, Aides/Paras, Secretaries, Nurses, subs in these areas, etc.) – 036126U

0675 Bus Drivers – 036126B

Fingerprinting Fee

The fee for the fingerprinting process for both Missouri residents and Non-Missouri residents is \$41.75. All fees are payable to IDEMIA at the time of fingerprinting.

Fingerprint Results

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

Noncriminal Justice Applicant Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Missouri Applicant Fingerprint Privacy Notice

The Missouri Applicant Fingerprint Privacy Notice includes three (3) sections.

1. The State and National Rap Back Privacy Notice
2. The Noncriminal Justice Applicant Privacy Rights
3. The Privacy Act Statement

State and Federal Rap Back Privacy Notice

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State or State and National Rap Back Programs, fingerprint images will be submitted, searched and retained for the purpose of being searched against future submissions to the State and National Rap Back programs; fingerprint searches will also include latent print searches.

The "Missouri Rap Back Program" and "National Rap Back Program" shall include any type of automatic notification made by the State Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency.

By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt of and agreeing to the terms of the State and National Rap Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

Signature: _____ Date: _____

Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in [state law](#). There is a one-time registration fee of \$14.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, a \$1.25 processing charge will be added to your fee.

To register online you will need:

- Internet access
- Your Social Security number
- Your email address
- A credit card or debit card

NOTE

You may be asked to supply a copy of your Social Security card or other verification document after the FCSR receives your registration information.

The online system works best with [Internet Explorer](#).

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration can be found at the end of this document.



From the FCSR-BSEES homepage, click the **Registration** button to begin.

From the submenu, click **Register Online**.



Read the Welcome to Registration Information. When ready, click the tab for **Is A Person Registered** to continue.



NOTE

You will see a **Messages** section on each page. Informational messages will be in black text. Error messages will be red.

Enter your Social Security number in the appropriate fields on the **Is A Person Registered** screen. Enter the security text/number shown on your screen. Click the **Search** button.

You should be notified that your Social Security number was not found in the database.

NOTE
If you were notified that your Social Security number **was** found in the database, you may already be registered with the FCSR. If your Social Security number was found and you do not believe you have registered in the past, call the FCSR toll-free at 866-422-6872.

Click the **Continue** button.

Either enter an **Employer Name** (current or potential) **or** make a selection from **Select if No Employer**.

To enter an employer name, set your search criteria to either **Begins With** or **Contains**. Begin typing part of the employer name. As you type, a drop down list may appear. You may select an employer name from the drop down list *or* you can use what you've typed thus far.

Click the **Search** button.

After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.

FCSR-BSEES Home | **Registration**

EMPLOYER INFORMATION

Welcome to Registration Information | Is A Person Registered | **Employer Information** | Register

Selection Criteria

Please select the Employer below requiring or requesting you to register with the FCSR. If your Employer is not listed, or you are registering with the FCSR for a purpose other than employment, please make a selection from "Select if No Employer".

*Employer Name: ☒ Begins With ☐ Contains

*Select if No Employer:

If you are registering because of a pending adoption, search for your adoption agency in the Employer Name field, and if found, click the checkbox next to the name. Please also select Adoptive Parent from "Select if No Employer."

Employer Results

	Employer Name	Employer Address	Employer City	Employer State	Employer Zip Code
☒	ABC ND ENTERPRISES LLC	3930 WASHINGTON ST	KANSAS CITY	MO	64111

To Proceed with Registration:

Indicates a Required Field
Messages

Please Proceed to the Register Tab by Clicking Continue Button

If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the **Select if No Employer** field.

Select

- Adoptive Parent
- Employer Not Listed
- Foster Parent / Family Member of Foster Parent
- Home Child Care Provider
- Private Pay / Private Duty
- Student
- Volunteer
- Other

After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the **Continue** button.

NOTE

If you are registering with the FCSR so you can be screened as an adoptive parent, please search for the adoption agency in the Employer Name field and choose Adoptive Parent from the Select if No Employer field.

Now enter your personal information. First, select one or more **Registration Type(s)** by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.

FCSR-BSEES Home | **Registration**

PERSONAL INFORMATION

Welcome to Registration Information | Is A Person Registered | **Employer Information** | **Register**

Selection Criteria

*Registration Type(s):

- ☐ Adoptive Parent
- ☐ Child Care
- ☐ Foster Parent / Family Member of Foster Parent
- ☐ Hospital
- ☐ Long Term Care / Personal Care
- ☐ Mental Health / Psychiatric Hospital
- ☐ Voluntary

Select **only** the category(ies) that best describe your reason for registering with the FCSR at this time.

FCSR-BSEES Home | **Registration**

PERSONAL INFORMATION

Welcome to Registration Information | Is A Person Registered | **Employer Information** | **Register**

Selection Criteria

*Registration Type(s):

- ☒ Adoptive Parent Agency Name
- ☐ Child Care
- ☒ Foster Parent / Family Member of Foster Parent *County Office
- ☐ Hospital
- ☒ Long Term Care / Personal Care
 - ☐ Adult Day Care
 - ☐ Assisted Living Facility
 - ☐ Hospice
 - ☐ Long Term Acute Care (LTAC) / Swing Beds
 - ☐ Mental Health - Residential Facility / ICF
 - ☐ Mental Health / Psychiatric Hospital
 - ☐ Voluntary
- ☐ Nursing Facility / Skilled Nursing Facility
- ☐ Personal Care - Home Health
- ☐ Personal Care - In-Home Services
- ☐ Personal Care - Consumer Directed Services / Center for Independent Living
- ☐ Personal Care - HCY, PDW, DDD or Other

Next, enter your personal information.

Personal Information

*Last Name: *First Name: Middle Name: Suffix:

Add Other Name If you do not list all other known names used, including both first names and last names, your registration may be rejected.

*Date of Birth: Month Day Year *Gender:

If needed, click the **Add Other Name** button to add an additional entry field (or fields) for any other names you have used, such as a nickname, maiden or married names, etc.

Personal Information

*Last Name: *First Name: Middle Name: Suffix:

Add Other Name If you do not list all other known names used, including both first names and last names, your registration may be rejected.

*Last Name: *First Name: Middle Name:

*Date of Birth: Month Day Year *Gender:

Finally, enter your contact information.

Contact Information

Registrant Mailing Address: Enter the registrant's home address. If the employer's address is used, your registration will be rejected.

*Street Address or PO Box:

*Zip Code: *City: *State:

*County:

Telephone:

*Registrant's Email: An email address is required for individuals registering online. This should be a personal email address that belongs to the registrant. Correspondence will be delivered via secure email.

*Confirm Email:

Continue

[Back to Top](#)

*Indicates a Required Field

Messages

Click Continue Button after Required Information Entered to Proceed with Registration

Click the **Continue** button after all required information is entered.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does not reflect your mailing address.

Click the **Save** button.

***Standard Address Results** Select the box that accurately displays your mailing address, then click the Save button.

	Address1	Address2	City	State	Zip Code	County
☒	PO BOX 570		JEFFERSON CITY	MO	65102	COLE
☐	Use Address Entered Above					

Save

[Back to Top](#)

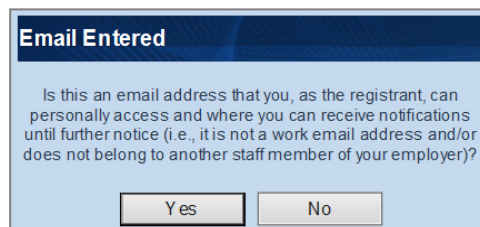
*Indicates a Required Field

Messages

After you enter an email address, you are asked to confirm it is an email address where you can receive your personal copy of FCSR notifications. The email address should belong to you, not to your employer or another staff member.

Click **Yes** if the email address entered is one you access.

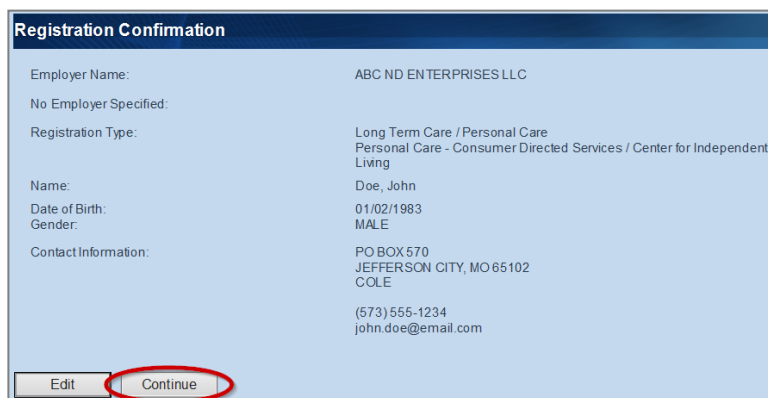
Click **No** to change the email address in your Contact Information now.



Email Entered

Is this an email address that you, as the registrant, can personally access and where you can receive notifications until further notice (i.e., it is not a work email address and/or does not belong to another staff member of your employer)?

Confirm that all information entered is correct.



Registration Confirmation

Employer Name: ABC ND ENTERPRISES LLC

No Employer Specified:

Registration Type: Long Term Care / Personal Care
Personal Care - Consumer Directed Services / Center for Independent Living

Name: Doe, John

Date of Birth: 01/02/1983

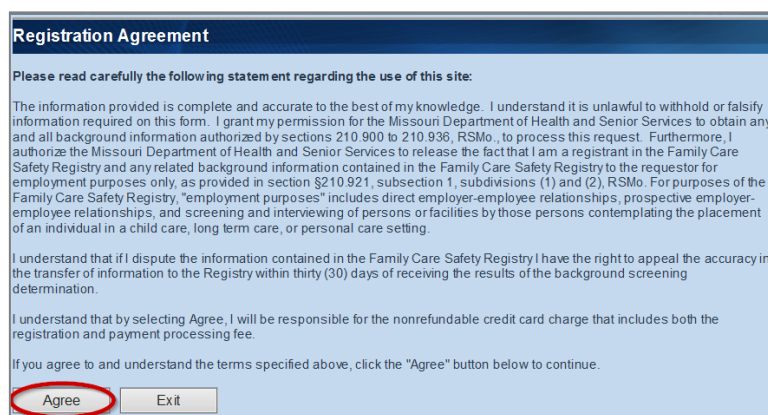
Gender: MALE

Contact Information: PO BOX 570
JEFFERSON CITY, MO 65102
COLE
(573) 555-1234
john.doe@email.com

Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

Carefully read the Registration Agreement.



Registration Agreement

Please read carefully the following statement regarding the use of this site:

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services to obtain any and all background information authorized by sections 210.900 to 210.936, RSMo., to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry and any related background information contained in the Family Care Safety Registry to the requestor for employment purposes only, as provided in section §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, long term care, or personal care setting.

I understand that if I dispute the information contained in the Family Care Safety Registry I have the right to appeal the accuracy in the transfer of information to the Registry within thirty (30) days of receiving the results of the background screening determination.

I understand that by selecting Agree, I will be responsible for the nonrefundable credit card charge that includes both the registration and payment processing fee.

If you agree to and understand the terms specified above, click the "Agree" button below to continue.

If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.

Enter your payment information.

PAYMENT INFORMATION

Fee Information

Registration Fee:	\$14.00
Processing Fee:	\$1.25
Total Fee Amount:	\$15.25

Customer Information

*Cardholder's Name:
Cardholders name must exactly match the name on the Credit Card

☐ Check here if Billing Address is the same as your Registrant Mailing Address

*Address Line 1:
 Address Line 2:

*City:
 *State:
 *Zip Code:
 *Telephone:

Credit Card Information

*Card Type:
 *Credit Card Number:
 *CV Code:
 *Expiration Date:

I understand that by clicking the CONTINUE button, I agree to pay the total amount above.

Continue **Cancel**

*Indicates a Required Field

Messages

Click the **Continue** button after entering all required information.

Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Confirm the payment information was entered correctly.

Payment Verification

Total Amount:	\$15.25
Cardholder's Name:	JOHN DOE
Billing Address:	PO BOX 570 JEFFERSON CITY, MISSOURI 65102 (573) 555-1234
Card Type:	VISA
Credit Card Number:	XXXXXXXXXXXX1111
CVV Code:	411
Expiration Date:	09/21

If you would like to change the Credit Card information, click the EDIT button.
 To continue your registration, click the CONTINUE button.

Edit **Continue**

Click the **Edit** button to re-enter payment information if needed.

Click the **Continue** button to finish your submission and receive a transaction confirmation.

Payment Confirmation

Transaction Successful.

Transaction Successful for: (DOE, JOHN)
 Your registration information and payment have been submitted to the Family Care Safety Registry.

Information Summary (January 18, 2019):

Tracking Number:	100000461077
Purchase Receipt Confirmation:	20000334
Amount Paid:	\$ 14.00
Processing Fee:	\$ 1.25
Total Amount Charged:	\$ 15.25

Address: PO BOX 570
JEFFERSON CITY MO 65102
COLE

Email: john.doe@email.com

Social Security Number: XXX-XX-9999
Date of Birth: 01/01/1983
Gender: MALE

Print this screen for your records. Click the Continue button to generate a printer-friendly notification. You must have Adobe Acrobat Reader version 9 (or later) and allow pop-up blockers from this website to receive the printer-friendly version. This is an information summary and does not indicate your registration is complete. A letter will be delivered to the email address provided once your registration has been processed. Your employer may request background screenings at no charge after your registration has been processed. Call the FCSR toll-free at 866-422-6872 if you have any questions.

Continue

You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration submission and payment information to the FCSR.

NOTE

If your transaction was declined or failed, you may start over and submit again.

	Missouri Department of Health and Senior Services P.O. Box 273, Jefferson City, MO 64562-0273 Phone: 873-751-6400 FAX: 873-751-6400 TDD: 873-751-6400 Relay Missouri: 873-751-6400 Toll Free: 877-338-2267	 Missouri Department of Health and Senior Services Missouri
Family Care Safety Registry Background Screening and Employment Eligibility System		
January 19, 2018		
Tracking Number: 00000000000000000000		
Purchase Receipt Confirmation: 00000000000000000000		
The following information has been submitted to the Family Care Safety Registry (FCSR) - SISEES for processing:		
Name:	JAMES DOE	
Address:	FEDERAL ST 1000 FEDERAL ST JEFFERSON CITY, MO 64501	
Email:	james.doe@state.mo.gov	
Social Security Number:	XXX-XX-XXXX	
Date of Birth:	01/01/1980	
Gender:	Male	
Amount Paid:	\$10.00	
Processing Fee:	\$0.00	
Total Amount Charged:	\$10.00	
Print this page and keep a copy for your records. If you are registering for employment purposes, you may take this with you to your interview. Your registration will be processed by the FCSR and a letter will be delivered to the email address provided. Future background screening requests will be processed free of charge. In order for your employer to receive the background screening results, they must request a background screening time (FCSR via Internet, telephone or fax. If you have any questions, contact the FCSR toll-free at 1-866-422-6872.		
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- The free Adobe Acrobat Reader software, version 9 or higher
- Pop-up blocker settings be modified to allow pop-ups from *.dhss.mo.gov

What happens next? FCSR staff will review your registration information and contact you with any questions. After the registration is processed, FCSR will complete an introductory screening and send the results attached to an [encrypted email](#). Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as contact information changes.