Completing an Ohio SACWIS Alleged Perpetrator Search (OSAPS) for Public and Private Agencies

User Guide

Table of Contents

Overview

This user guide provides step-by-step instruction for an agency representative completing an Ohio SACWIS Alleged Perpetrator Search (OSAPS).

Create OH|ID Account

If you do not have an OH|ID Account, you will be required to create an account to access OSAPS.
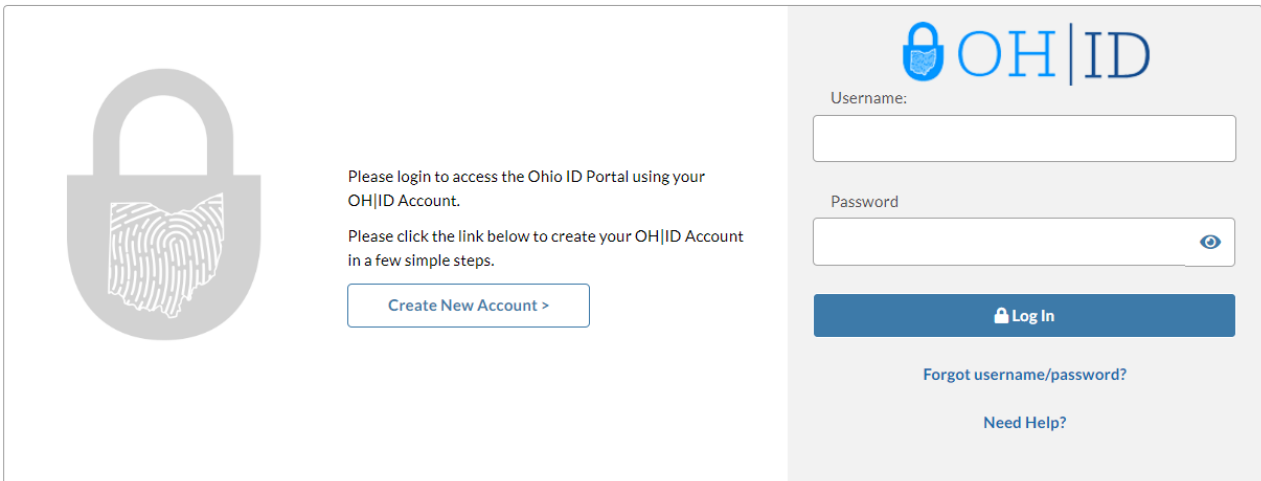
Follow the URL https://ap.jfs.ohio.gov/Login.aspx.

The Ohio ID Portal screen appears.

1. Click, **Log in from OH|ID.**

The Create Your OH|ID Account (Profile Information) screen appears.

1. Click, **Create New Account >**

The Create Your OH|ID Account (Profile Information) screen appears.

Note: The blue asterisk (*) indicates a required field.

1. You must enter **First Name, Last Name, Email, Email Confirmation, Work Phone Number, Date of Birth** and **Verification Question** to create an Ohio ID.
   Note: Only one account can exist per email address.
2. To proceed with the request, you must agree to the **Terms and Conditions.**
3. If you agree, click the checkbox '**I Agree**.'
4. Click, **Next.**

The Create Your OH|ID Account (Security Setup) screen appears.

1. Enter a **Username** per the Username Guidelines.
2. Enter a **Password** and **Confirm New Password** per the Password Guidelines.
3. Select a **Password Recovery Method** from Email, Mobile Number or Security Questions.
4. Click, **Create Account.**

The Create Your OH|ID Account (Confirmation) screen appears.
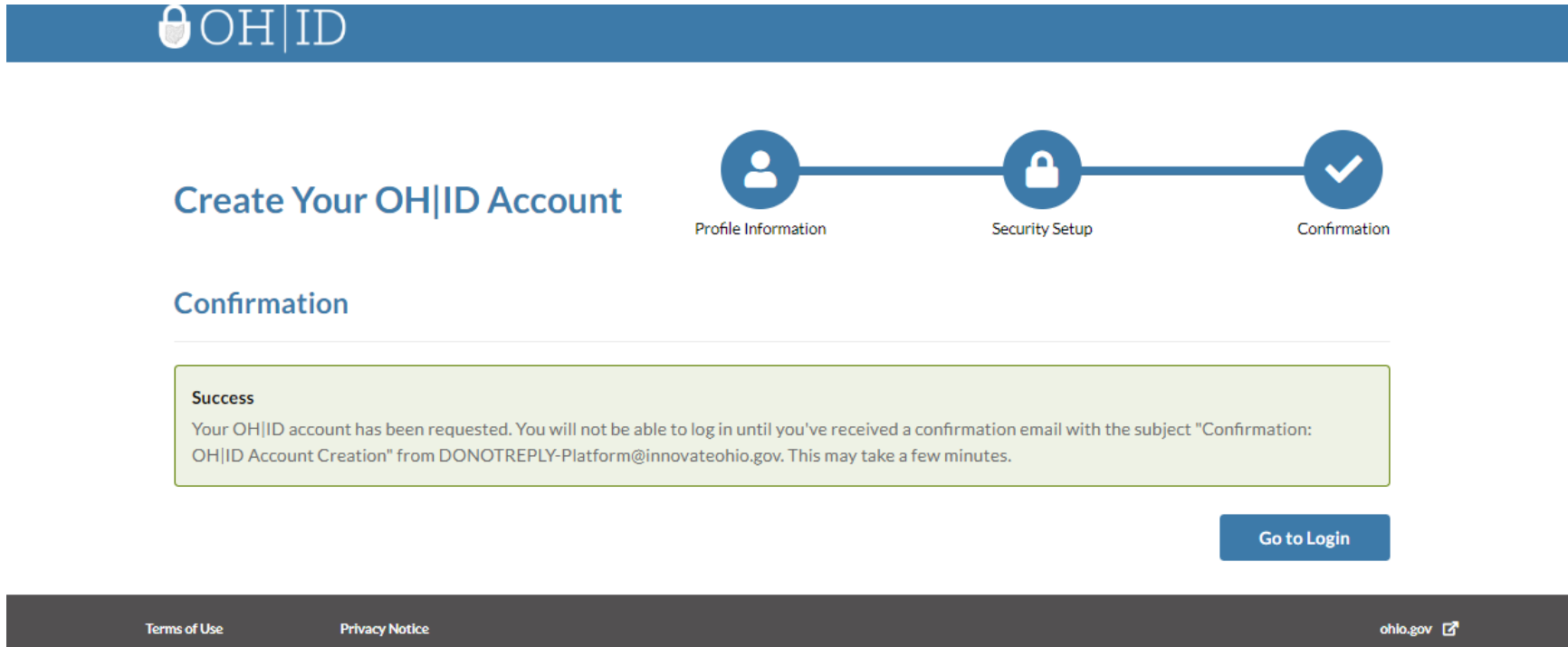
Note: You will not be able to log in until you've received a confirmation email with the subject "Confirmation: OH|ID Account Creation" from DONOTREPLY-Platform@innovateohio.gov. This may take a few minutes.

Once you receive your confirmation email, you may return to https://ap.jfs.ohio.gov/Login.aspx.

Agency User Registration

Follow the URL https://ap.jfs.ohio.gov/Login.aspx.

The Ohio ID Portal screen appears.

2. Click, **Log in from OH|ID.**

Note: If you do not have an Ohio ID Account, you must create one prior to logging into OSAPS. Please see **Create Your OH|ID Account** instructions above.

The OH|ID login screen appears.

1. Enter Username and Password.
2. Click, **Log In**

Welcome to OSAPS screen appears.

1. Click, **Agency User Registration form.**

The Agency Registration screen appears.

Note: The red asterisk (*) indicates a required field.

1. Select the agency you represent
    a. Select the **State** from the dropdown.
    b. Select the **Agency Name** from the dropdown.
        i. When 'Add an Agency' is selected, **Enter your Agency's name**.

2. Select the contact for the agency
   a. Select the **Agency Contacts** from the dropdown.
      i. When 'Add an Agency Contact' is selected, enter your direct supervisors' information: **Contact First Name, Contact Last Name, Contact Title, Contact Phone Number, Contact E-mail, Address Line 1, City, State, ZIP Code.**
3. Agency Representative Details
   Note: Some of the information will be populated from your Ohio ID information. Please ensure accuracy.
   a. Enter **First Name**, **Last Name**, **Title**, **Phone Number**, **E-mail**.
4. Employment Verification
   a. Click, **Select.**
      i. You will need to provide a photocopy of your work lanyard. If this is not available, you can submit a photo of your state ID in order to confirm your information is accurate with your agency contact.
5. Click, **Submit Registration**.
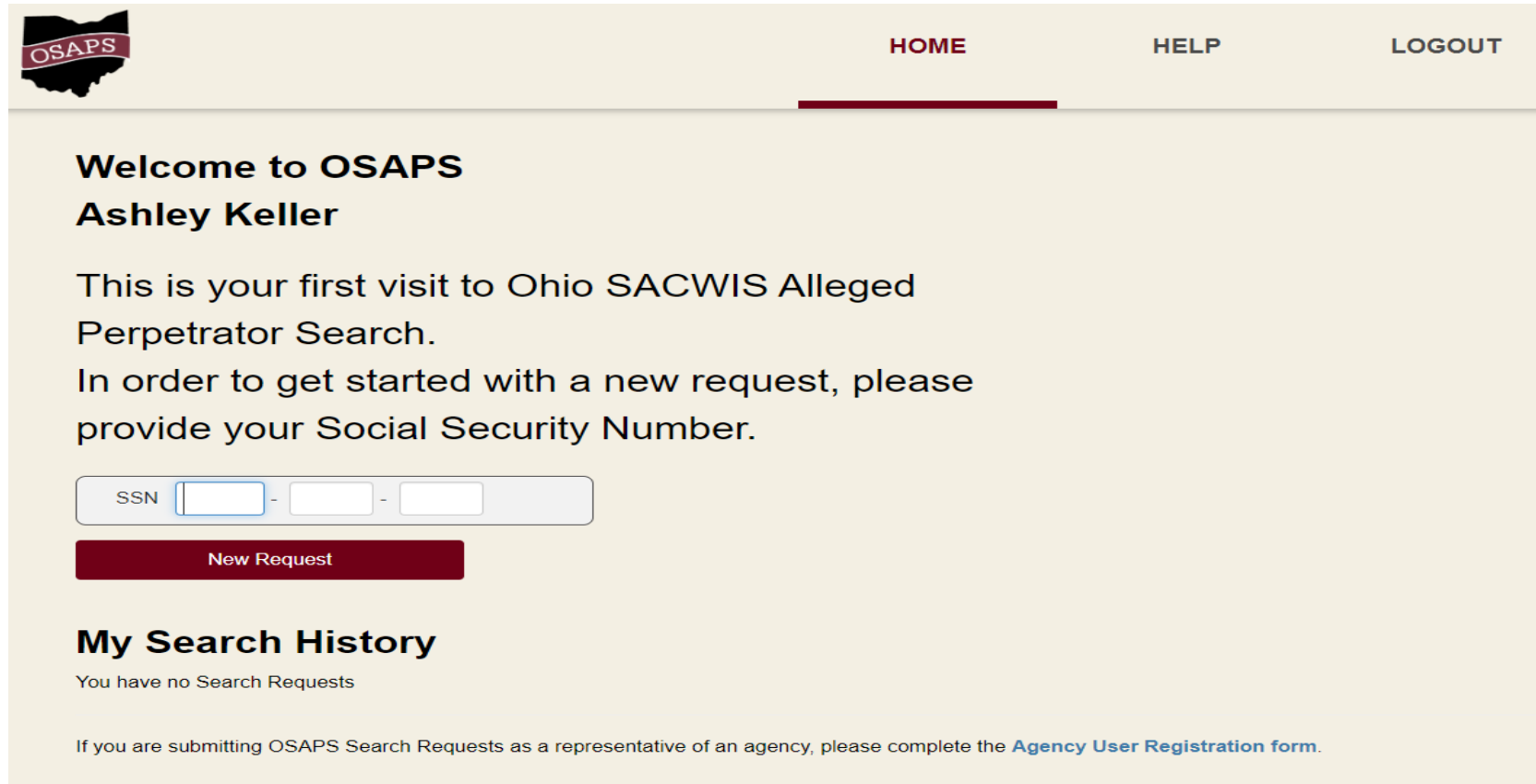   a. An e-mail will be sent to the e-mail on our Ohio ID account once your access has been approved.

Add New Request

Log into https://ap.jfs.ohio.gov/Login.aspx.

Welcome to OSAPS screen appears.

Note: The initial screen may look different dependent upon your agency.

OR

HOME   **HELP**   **LOGOUT**

Welcome to OSAPS
MICKEY MOUSE

You have a partially completed Search Request. This request will be canceled if it is not submitted in 60 days. In order to get started with a new request, please provide a Social Security Number if available and then select a purpose.

SSN [ ] - [ ] - [ ]

Adoption/Foster Parenting/Employment
Agency representative seeking SACWIS Registration information.

My Search History

Request ID	Individual Name	DOB	Last Modified	Status	Result Letter	Actions
10989	mouse, minnie	01/01/2001	2/11/2020	Entered		Edit Cancel

1. Enter **SSN.**
   Note: Enter the Social Security Number of applicants you need a child abuse/neglect history search on in Ohio.
2. Click, **New Request** or the **Adoption/Foster Parenting/Employment tile (dependent on the agency).**

The Purpose screen appears.

Purpose

1. Select a tile (Adoption/Foster Parenting, Volunteer Work, Employment (Excluding Child Care) or Other).

   Note: Dependent on your agency, you may only see one tile: Adoption/Foster Parent/Employment.

2. Click, **Next** or the **Individual Information** tab**.**

The Individual Information screen appears.

Individual Information

Note: The Applicant Information is the person on whom you are requesting an Alleged Perpetrator search.

The red asterisk (*) indicates a required field.

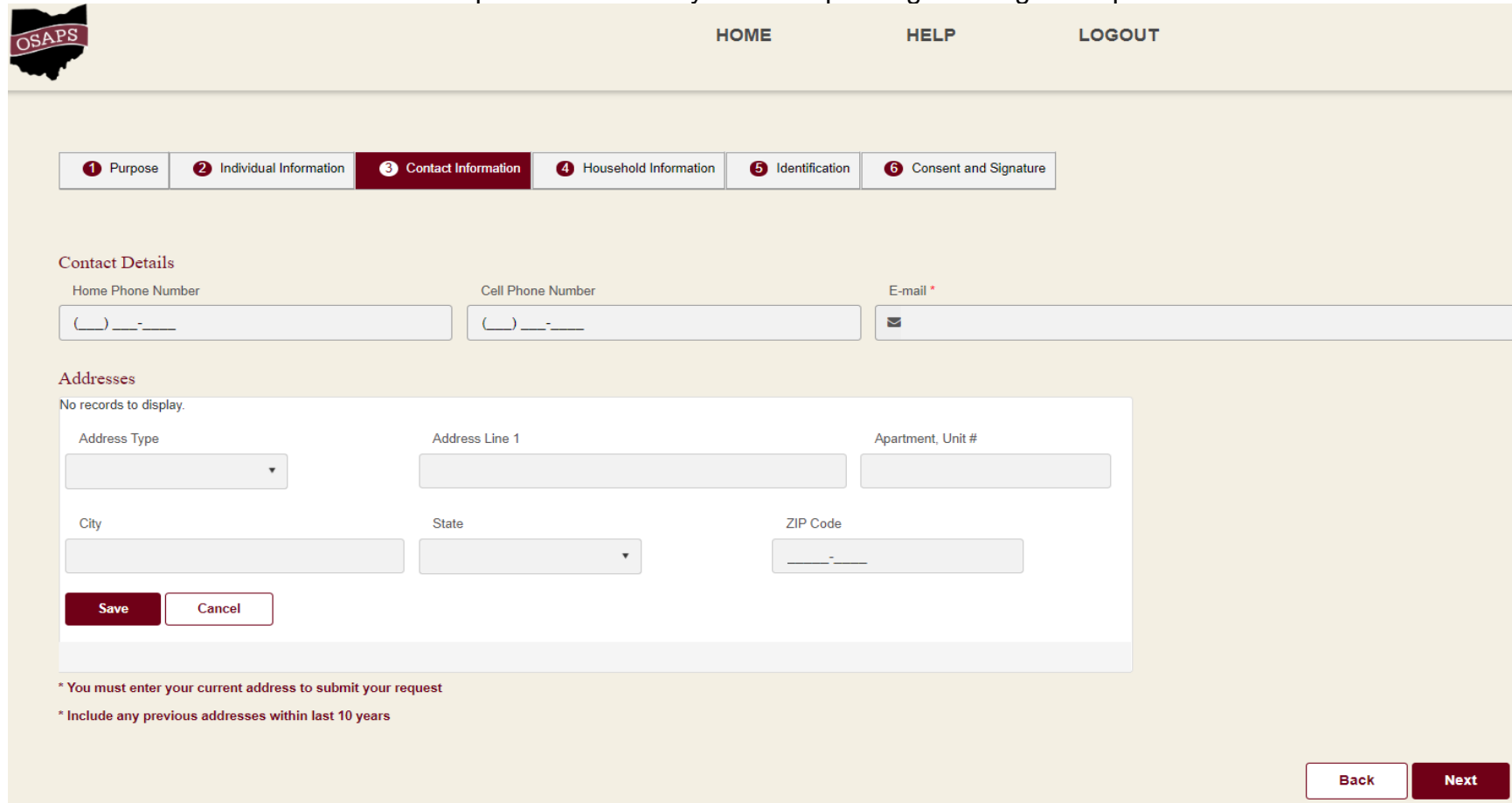1. Enter **First Name, Last Name, Date of Birth.**
2. **Select Race(s).**
3. **Select Gender.**
4. Click, **Next** or the **Contact Information** tab**.**

The Contact Information screen appears.

Contact Information

Note: The Contact Details are for the person on whom you are requesting an Alleged Perpetrator search.

The red asterisk (*) indicates a required field.

1. Enter **Home Phone Number, Cell Phone Number, E-mail.**
2. Click, **+Add Additional Address.**

a. Select, **Address Type** from the dropdown.
b. Enter **Address Line 1, City, State, ZIP Code.**
c. Click, **Save.**
3. Click, **Next** or the **Household Information** tab**.**

The Household Information screen appears.

Household Information

Note: List all children associated with the applicant and any other people currently living in the home. Identify all of your biological/adopted children regardless if they are living in the home with the applicant or are over 18 years of age.

1. Click, **+Add additional children or people living in the home.**

The red asterisk (*) indicates a required field.

2. Enter **First Name, Last Name.**
3. Select, **Relationship** from the dropdown.
4. Select, **In Home?** from the dropdown.
5. Click, **Save.**
6. Click, **Next** or the **Identification** tab**.**

The Identification screen appears.

Identification

Note: You must upload two documents to confirm the identity and Social Security Number of the applicant.

1. Click, **+Add additional documents.**

| ① Purpose | ② Individual Information | ③ Contact Information | ④ Household Information | ⑤ Identification | ⑥ Consent and Signature |

Upload two documents to confirm your identity and Social Security Number. If you do not have a Social Security Number, please provide at least one form of identification. If you are not the subject of the request, a consent form must be included.

View	Document Name	Description		
No records to display.				

+ Add additional documents

Appropriate documents to confirm Social Security Numbers include the following:
- A copy of an official Social Security card issued by the Social Security Administration.
- A current W-2 wage and tax statement, displaying full Social Security Number. Wage and tax details may be crossed out on the W-2 form; the name and 9-digit Social Security Number is all that needs to be revealed on the statement.
- A Social Security Administration 1099 form that displays a complete Social Security Number, but must not be handwritten.
- A letter from the Social Security Administration that indicates an application for a new or replacement Social Security card. The letter will display the 9-digit Social Security Number.

Appropriate documents to submit for the second form of identification include the following:
- Driver License or State Identification card.
- Birth Certificate.
- U.S. Visa (travel passport).
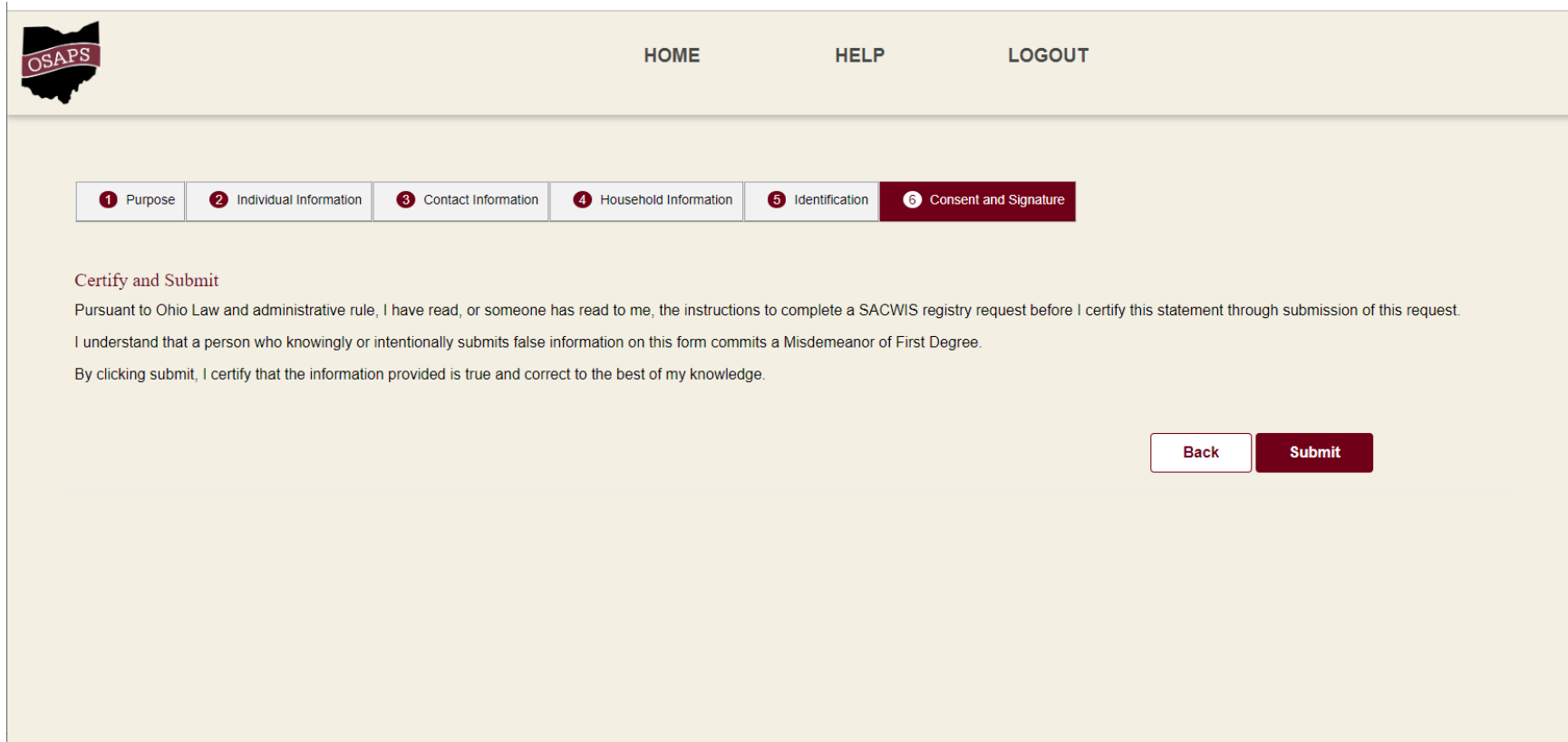
Back   Next

2. Click, **Select.**
3. Enter, **Description.**
4. Click, **Save.**
5. If you are a public children services agency requesting CPS records as part of a child abuse or neglect investigation, click, **Next** or the **Consent and Signature** tab**.**

Release of Information for SACWIS Registry Search & Dissemination of Information

Note: A public or private agency requesting SACWIS Registry searches for prospective foster or adoptive parents, employees or potential employees, volunteers or potential volunteers, must submit a signed release of information. The following criteria must be contained in the statement of informed consent from the individual in the submitted Release of Information to process Ohio's SACWIS Alleged Perpetrator search requests.

1. The full name of the individual to be searched.
2. The name, address, and contact information for the agency making the request.
3. Who and where the results should be returned.
4. Confirmation that the individual has read the statement and understands the nature of the search to be conducted.
5. Confirmation that the individual has had ample opportunity to ask questions.
6. Confirmation that the individual is competent to consent to the search being completed.
7. Confirmation that the individual expressly authorizes ODJFS to release the search results to the agency.

1. Click, **+Add additional documents.**

2. Click, **Select.** Upload the signed Release of Information.
3. Enter, **Description.**
4. Click, **Save.**
5. Click, **Next** or the **Consent and Signature** tab**.**

Consent and Signature

Note: You will not receive a Submit button if there is information missing that is required upon submission of the request.

1. Click**, Submit.**

   Note: You will not receive a Submit button if there is information missing that is required upon submission of the request. You will receive Validation Errors that must be corrected to submit your request. Once all validation errors have been addressed, you can successfully submit your request.

OSAPS   HOME   HELP   LOGOUT

| ① Purpose | ② Individual Information | ③ Contact Information | ④ Household Information | ⑤ Identification | ⑥ Consent and Signature |

Certify and Submit

Pursuant to Ohio Law and administrative rule, I have read, or someone has read to me, the instructions to complete a SACWIS registry request before I certify this statement through submission of this request
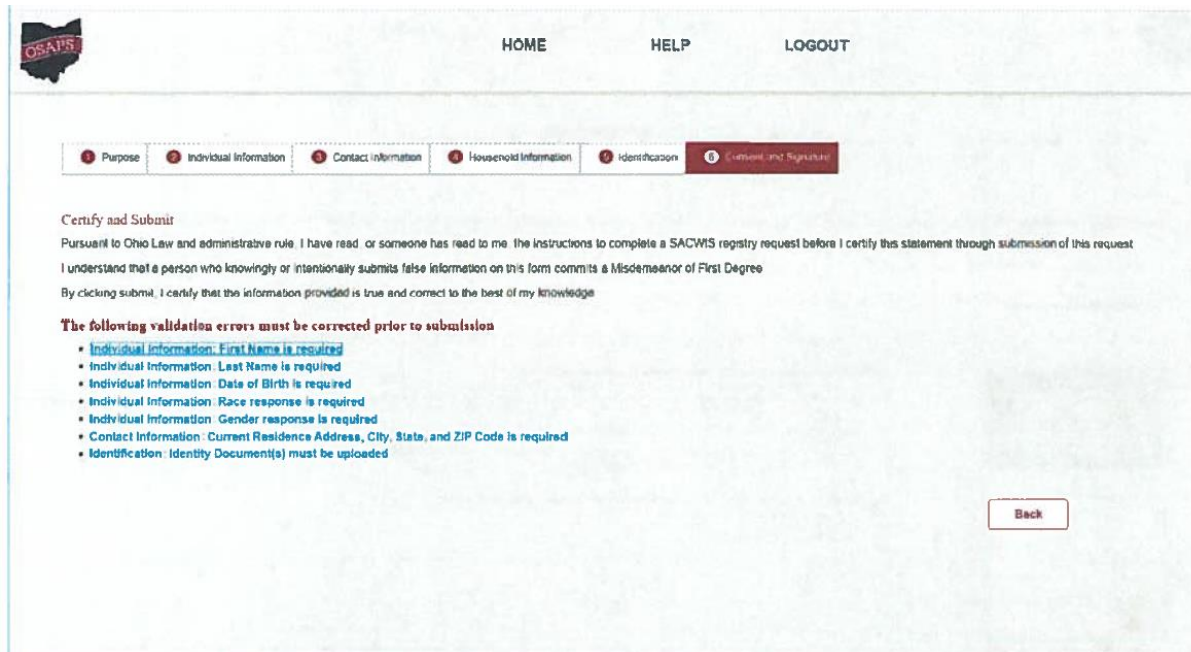
I understand that a person who knowingly or intentionally submits false information on this form commits a Misdemeanor of First Degree

By clicking submit, I certify that the information provided is true and correct to the best of my knowledge

The following validation errors must be corrected prior to submission

- Individual Information: First Name is required
- Individual Information: Last Name is required
- Individual Information: Date of Birth is required
- Individual Information: Race response is required
- Individual Information: Gender response is required
- Contact Information: Current Residence Address, City, State, and ZIP Code is required
- Identification: Identity Document(s) must be uploaded

Back

You will be navigated back to the OSAPS Welcome screen. You will see your search history.

HOME   HELP   LOGOUT

Welcome to OSAPS
Ashley Keller

You have a partially completed Search Request. This request will be canceled if it is not submitted in 60 days. What would you like to do?

[Continue where I left off]

[Cancel and start over]

My Search History

Request ID	Last Modified	Status	Result Letter
6225	2/7/2020	Entered	

If you are submitting OSAPS Search Requests as a representative of an agency, please complete the Agency User Registration form.