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



# **User Guide**

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## **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 OHID Account (Profile Information) screen appears.

# ⊖OH|ID

	Username:
Please login to access the Ohio ID Portal using your OH ID Account.	Password
Please click the link below to create your OH ID Account in a few simple steps.	٥
Create New Account >	🔒 Log In
	Forgot username/password?
	Need Help?

This system contains State of Ohio and United States government information and is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to and from this system is strictly prohibited, may be in violation of state and federal law, and may be subject to administrative action, civil and criminal penalties. Use of the system is governed by U.S. law and Ohio law and policies.

You have no expectation of privacy in any material placed or viewed on this system except where Ohio or Federal statutes expressly provide for such status. The State of Ohio monitors activities on this system and may record and disclose those activities internally and to law enforcement and other entities to ensure the proper and lawful use of its information and resources, in accordance with federal and state law. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. The State of Ohio complies with state and federal law regarding legally protected confidential information but may not treat any other use as private or confidential. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

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

## The Create Your OHID Account (Profile Information) screen appears.

⊖OH ID					
Create Your OH ID Acco	ount Profile Inform	nation	Security Setup	Confirmatio	n
Enter the information below to begin creating you	r OH ID profile.				
First Name *	Middle Initial	Last Name *		Suffix	]
Email *		Email Confirmation *			1
Work Phone Number *		Mobile Number			1
Date of Birth * mm/dd/yyyy	<b>#</b>	Last 4 of SSN			]
Verification Question: ① * What is the 2nd color in the list pink, house and purplet	?				~
Terms and Conditions In order to proceed with this request, you must	t agree to the following term:	s and conditions.			
By clicking "I Agree" and creating an OHID Cit and receive communications in electronic form	tizen, Business, or Workforce 1.	e profile you consent to	use electronic signatures with	n the State of Ohio	
If you use this site, you are responsible for main your computer, and you agree to accept respor of Administrative Services reserves the right to I Agree	ntaining the confidentiality o nsibility for all activities that o refuse service, terminate ac	f your OH ID account(s) occur under your OH IE ccounts, remove or edit	and password(s) and for rest account(s) or password(s). T content, or cancel transaction	ricting access to he Ohio Department 15.	
Cancel			Reset	Next	I
Terms of Use Privacy Notice					ohio.gov 🗗

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 OHID Account (Security Setup) screen appears.

⊖OH ID	
Create Your OH ID Account Create OH ID Username and Password Provide username and password information to complete your pr	Profile Information Security Setup Confirmation
Username Password Confirm New Password	<ul> <li>Username Guidelines:</li> <li>Must have at least 6 and no more than 64 characters in length</li> <li>Username cannot start or end in a special character</li> <li>Username cannot contain only numbers</li> <li>The following are valid characters that can be used in an OH/ID username: <ul> <li>Upper case letters (A-Z)</li> <li>Upper case letters (a-z)</li> <li>Numbers (0-9)</li> </ul> </li> <li>Select special characters (r@) Note: No other special characters are permitted</li> <li>Must contain 1 character from each of the following categories: <ul> <li>Upper case letters (A-Z)</li> <li>Lower case letters (A-Z)</li> <li>Upper case letters (A-Z)</li> <li>Subst contain 1 character from each of the following categories: <ul> <li>Upper case letters (A-Z)</li> <li>Lower case letters (A-Z)</li> <li>Sumbers (0-9)</li> <li>Special characters (\S#,96@~^Sr_++=&gt;&lt;0000%";:\/?)</li> </ul> </li> <li>Password cannot include your first name, last name, username, or OH(ID <ul> <li>Example: If your name or username is John Smith, your password cannot contain "John" or "Smith"</li> </ul> </li> </ul></li></ul>
Choose Password Recovery Methods You can select more than one method.	





Back

Completing an Ohio SACWIS Alleged Perpetrator Search (OSAPS)

- 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 OHID Account (Confirmation) screen appears.



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 <u>https://ap.jfs.ohio.gov/Login.aspx</u>.

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 OHID Account instructions above.

The OH|ID login screen appears.

# ⊖OH|ID

Please login to access the Ohio ID Portal using your OHIID Account. Please click the link below to create your OHIID Account	Password
in a few simple steps. Create New Account >	Log In Forgot username/password? Need Help?

This system contains State of Ohio and United States government information and is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to and from this system is strictly prohibited, may be in violation of state and federal law, and may be subject to administrative action, civil and criminal penalties. Use of the system is governed by U.S. law and Ohio law and policies.

You have no expectation of privacy in any material placed or viewed on this system except where Ohio or Federal statutes expressly provide for such status. The State of Ohio monitors activities on this system and may record and disclose those activities internally and to law enforcement and other entities to ensure the proper and lawful use of its information and resources, in accordance with federal and state law. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. The State of Ohio complies with state and federal law regarding legally protected confidential information but may not treat any other use as private or confidential. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

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ohio.gov 🗹

- 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.

OSAPS			HOME	HELP	LOGOUT	
Select the agency you represent State Select • Select the contact for the agency "Note - Search results will be emailed to th	Agency Name • Select	v				
Agency Contacts * Select Agency Representative Details	•					
First Name		Last Name		Title *		
Phone Number * (614)	E-mail *	@jfs.ohio.gov				J
Employment Verification As part of our employment verification proc Contact. Employee ID Card * Select Submit Registration	ess, please upload proof	of employment with the agency listed in t	the form of a work ID or if the	at isn't available you may upload a	picture of your drivers license so t	hat we can confirm your information is accurate with your Agency

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.

0	OSAPS	HOME	HELP	LOGOUT
	Welcome to OSAPS Ashley Keller			
	This is your first visit to Ohio SACWIS Alleg Perpetrator Search. In order to get started with a new request, p provide your Social Security Number.	ged blease		
	SSN New Request			
	You have no Search Requests			
	If you are submitting OSAPS Search Requests as a representative of an agency, plea	se complete the Age	ncy User Registration form	ı.

OR



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

OSAPS			ł	IOME	HELP	LOGOUT	
Purpose	2 Individual Information	Contact Information	4 Household Information	<b>6</b> Identification	6 Consent and Signature		
Identify the pur Adoption/Fos Individual seekin Information for ti parenting or ado	pose of the SACWIS al	Ileged perpetrator request Volunteer Work Individual requesting SACWIS Registry information to voluntee an agency.	r at Employment (Excluding Chi Individual request Registry informatic employment.	ust be selected: Id Care) ing SACWIS on to present for	Other Individual requesting a search SACWIS Registry for child ab neglect for reasons other than adoption/foster parenting, vol work, or employment.	h in the buse and n lunteer	
						Ne	ext

- 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 Purpose 2 Individual Information	Contact Information	A Household I	nformation G	Identification	Consent and Si	mature			
	• Contact Information	Household i		literinication	Consent and Si	inature			
pplicant Information			Middle Name					Loot Nome *	
i list value									
Date of Birth *			SSN						
1M/DD/YYYY		m							
			^^^-8/34						
DJFS is legally allowed to ask about y	our race and gender. Id	lentifying your ra	ace or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	
DJFS is legally allowed to ask about y Select Race(s)* ] White	our race and gender. Id	lentifying your ra	ace or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender •
DJFS is legally allowed to ask about y Select Race(s)* ] White ] Black	our race and gender. Id	lentifying your ra	acce or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s)* ] White ] Black ] Asian	our race and gender. Id	lentifying your ra	ace or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s)* ] White ] Black ] Asian ] Hispanic	our race and gender. Id	lentifying your ra	ace or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s) * ] White ] Black ] Asian ] Hispanic ] Alaska Native/American Indian	our race and gender. Id	lentifying your ra	ace or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s) * White Black Asian Hispanic Alaska Native/American Indian Native Hawaiian/Other Pacific Islander	our race and gender. Id	lentifying your ra	ace or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s)* White Black Asian Hispanic Alaska Native/American Indian Native Hawaiian/Other Pacific Islander I prefer not to answer	our race and gender. Id	lentifying your ra	ace or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s) * White Black Asian Hispanic Alaska Native/American Indian Native Hawaiian/Other Pacific Islander I prefer not to answer	our race and gender. Id	lentifying your ra	acce or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s) * White Black Asian Hispanic Alaska Native/American Indian Native Hawaiian/Other Pacific Islander I prefer not to answer	our race and gender. Id	lentifying your ra	acce or gender n	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s)* White Black Asian Hispanic Alaska Native/American Indian Native Hawaiian/Other Pacific Islander I prefer not to answer dditional Names including Maiden Na	our race and gender. Id	lentifying your ra Name(s), or Alias	s(es).	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DJFS is legally allowed to ask about y Select Race(s)* White Black Asian Hispanic Alaska Native/American Indian Native Hawaiian/Other Pacific Islander I prefer not to answer dditional Names including Maiden Na First Name	our race and gender. Id me, previous Married 1	lentifying your ra Name(s), or Alias Last Name	s(es).	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male
DDJFS is legally allowed to ask about y Select Race(s) * White Black Asian Hispanic Alaska Native/American Indian Native Hawaiian/Other Pacific Islander I prefer not to answer dditional Names including Maiden Na First Name to records to display.	our race and gender. Id me, previous Married I	lentifying your ra Name(s), or Alias Last Name	s(es).	nay help to exc	clude you as an Al	leged Perpetra	tor. You may identify u	p to two races.	Select Gender * O Female O Male

- 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.

PS		HOME	HELP	LOGOUT
Purpose 2 Individual Information	3 Contact Information 4 Househ	old Information 6 Identification	6 Consent and Signature	]
Contact Details				
Home Phone Number	Cell Phone Number		E-mail *	
()	()			
Addresses Address Type	Address Line 1		Apartment, Unit #	
City	State	ZIP Code	-	
Save				
You must enter your current address to submit you Include any previous addresses within last 10 years	our request ars			
				Back

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.

Purpose	2 Individual Information	3 Contact Information	4 Household Information	6 Identification	6 Consent and Signature			
t all children as	ssociated with the appl	icant and any other peo	pple currently living in the h	ome. Identify all	of your biological/adopt	ed children regardless if the	y are living in y	your home or are over
t all children as	ssociated with the appl	icant and any other peo	ople currently living in the h	ome. Identify all	of your biological/adopt	ed children regardless if the	ey are living in y	your home or are over
t all children as :. First Name	ssociated with the appl Middle Nam	icant and any other peo	ople currently living in the h	ome. Identify all	of your biological/adopt Relationship	ed children regardless if the In Home?	y are living in y	70ur home or are over
t all children as :. First Name records to display.	ssociated with the appl Middle Nam	icant and any other peo	ople currently living in the h Name Date	ome. Identify all of Birth	of your biological/adopt Relationship	ed children regardless if the In Home?	y are living in y	70ur home or are over
t all children as First Name records to display.	sociated with the appl Middle Nam children or people living in	icant and any other peo e Last N the home	ople currently living in the h Name Date	oome. Identify all of Birth	of your biological/adopt Relationship	ed children regardless if the In Home?	ey are living in y	rour home or are over

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

### Completing an Ohio SACWIS Alleged Perpetrator Search (OSAPS)

S			ŀ	IOME	HELP	LOGOUT	
Durnasa			A Household Information	A Identification	Concept and Signature		
• Pulpose				• Identification			
List all children	associated with the applica	ant and any other peo	ple currently living in the	home. Identify al	l of your biological/adopte	d children regardless if they are living in you	ir home or are over 18 years
First Name	Middle Name	Last N	Name Da	ite of Birth	Relationship	In Home?	
No records to display	ſ.						
First Name *		М	iddle Name	L	.ast Name *		
Date of Birth		Relationship *		In Home? *			
	Ē		•		•		
C	Connect						
Save	Cancel						
Save	Cancel						
Save	Cancel						

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.

PS			HOME	HELP	LOGOUT
·					
1 Purpose	Individual Information	3 Contact Information	4 Household Information 5 Identificat	tion 6 Consent and Sigr	nature
Upload two doo request, a conse	cuments to confirm your ent form must be included	identity and Social Secu d.	rity Number. If you do not have a Soci	al Security Number, plea	ase provide at least one form of identification. If you are not the subject of
View	Document Name		Description		
No records to displa	ay.				
SOCIAL S	DECUREATE Manual Annual	Appropriate A cr A cr A cr A S A le lette	documents to confirm Social Security Number py of an official Social Security card issued by the rrent W-2 wage and tax statement, displaying full m; the name and 9-digit Social Security Number i scial Security Administration 1099 form that displa ter from the Social Security Administration that incr will display the 9-digit Social Security Number.	rs include the following: • Social Security Administration. Social Security Number. Wage is all that needs to be revealed o ys a complete Social Security N dicates an application for a new	and tax details may be crossed out on the W- on the statement. lumber, but must not be handwritten. or replacement Social Security card. The
CENERAL Certificat This Certifies and a file day day A Weas day apart	HOSPITAL CE OF JOINT 	Appropriate Driv U.S U.S	documents to submit for the second form of i er License or State Identification card. Certificate. Visa (travel passport).	dentification include the follow	wing:
					Back

SAPS	HO	ME HELP	LOGOUT	
Purpose     Individual Information     S Cor	Nact Information I Household Information I Identification	Consent and Signature		
Upload two documents to confirm your identity a be included.	and Social Security Number. If you do not have a Social b	Security Number, please prov	ide at least one form of identification. If you	are not the subject of the request, a consent form mus
View Document Name	Description			
No records to display. Document Name Select Save Cancel	Description			
MUCIAL SECURICES Martines Mart	Appropriate documents to confirm Social Security Nu A copy of an official Social Security card issued A current W-2 wage and tax statement displayin and 9-digit Social Security Number is all that nee A Social Security Administration 1099 form that A letter from the Social Security Administration the 9-digit Social Security Number.	umbers include the following: by the Social Security Administration. If full Social Security Number Wage eds to be revealed on the statement. displays a complete Social Security N hat indicates an application for a new o	and tax details may be crossed out on the W-2 form; the na imber, but must not be handwritten. r replacement Social Security card. The letter will display	me
CENERAL HOSPITAL Certificate of Birth This Certificate of South and the second	Appropriate documents to submit for the second form Driver License or State Identification card. Birth Certificate. U.S. Visa (travel passport).	n of identification include the follow	ing:	
				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.

SAPS			HOME	HELP	LOGOUT
C Rumana		Contact Information	Hausshald Information	Concept and Sic	anabura
• Pulpose		Contact mormation		Consent and Sig	grature
Upload two do request, a conse	cuments to confirm your i ent form must be included	dentity and Social Secu l.	rity Number. If you do not have a Social	Security Number, ple	ease provide at least one form of identification. If you are not the subject of th
View	Document Name		Description		
No records to displa	ay.				
+ Add additio	nal documents				
		Appropriate Acc 2 for Ass Alet lette	documents to confirm Social Security Numbers i py of an official Social Security card issued by the Sr rent W-2 wage and tax statement, displaying full So m; the name and 9-digit Social Security Number is a cial Security Administration 1099 form that displays ter from the Social Security Administration that indica r will display the 9-digit Social Security Number.	include the following: ocial Security Administration cial Security Number. Wag II that needs to be revealed a complete Social Security ates an application for a nev	n. le and tax details may be crossed out on the W- l on the statement. Number, but must not be handwritten. w or replacement Social Security card. The
GENERAL Certificat This Certifics	NOSPITAL tt of Jörth	Appropriate Driv Birtt U.S.	documents to submit for the second form of iden er License or State Identification card. • Certificate. Visa (travel passport).	ntification include the follo	owing:
e tr dy d R Wee ady sign	n Weerd die Oorginaa kan heer d hy die Happ Parata. songen				
					Back

# Completing an Ohio SACWIS Alleged Perpetrator Search (OSAPS)

PS				HOM	E	HELP	LOGOUT	
1 Purpose	2 Individual Information	3 Contact Information	Household Information	<b>5</b> Identification	6 Consent a	nd Signature		
Upload two doc be included.	uments to confirm your	identity and Social Secu	rity Number. If you do no	t have a Social Se	curity Number	r, please provide	at least one form of identification. If you are	e not the subject of the request, a consent form mu
View	Document Name		Description					
No records to display	у.							
Document Name				Description				
	Select							
Save	Cancel							
SOCIAL S		Apr	Propriate documents to confirm A copy of an official Social S A current W-2 wage and tax and 9-digit Social Security Administra A Social Security Administra A letter from the Social Secu 9-digit Social Security Numb	Social Security Numl ecurity card issued by statement, displaying f umber is all that needs ion 1099 form that disp rity Administration that er.	bers include the f the Social Security ull Social Security to be revealed on Jays a complete S indicates an applie	following: Administration. Number. Wage and to the statement. social Security Numbe cation for a new or rep	ax details may be crossed out on the W-2 form; the name r, but must not be handwritten. lacement Social Security card. The letter will display the	
GENERAL I Critificato	HOSPITAL of Järth	Apş	<ul> <li>propriate documents to submit</li> <li>Driver License or State Ident</li> <li>Birth Certificate.</li> <li>U.S. Visa (travel passport).</li> </ul>	for the second form o ification card.	f identification in	clude the following:		
Etis Errifits and								
								Back

- 2. Click, Select. Upload the signed Release of Information.
- Enter, Description.
   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.

OSAPS	6			HOME	HELP	LOGOUT	
	1 Purpose	2 Individual Information	3 Contact Information	Household Information	5 Identification	6 Consent and Signature	
			-				
C P	Certify and Sul Jursuant to Ohio	omit Law and administrative rule	, I have read, or someone	has read to me, the instructio	ns to complete a SACV	IS registry request before I certify this state	ment through submission of this request.
1	understand that	a person who knowingly or	intentionally submits false	information on this form comr	nits a Misdemeanor of F	ïrst Degree.	
В	y clicking subm	t, I certify that the informatio	n provided is true and corr	ect to the best of my knowled	ge.		
						Е	ack Submit

#### 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.

# Completing an Ohio SACWIS Alleged Perpetrator Search (OSAPS)

			A section and				
Purpose	🥹 Individual Information	O Contact Information	Housenold Information	Ø identification	() Competants	genere	
Certify and Sub	anit						
Pursuant to Ohio	Law and administrative rule.	I have read, or someone h	as read to me, the instruction	ns to complete a SAt	CWIS registry reques	al before I certify this sti	atement through submission of this request
I understand that	e person who knowingly or i	ntentionally submits false in	formation on this form comm	nts & Misdemeenor o	of First Degree		
By clicking submit	, I carlily that the information	n provided is true and come	ct to the best of my knowled	ga			
The following	validation errors must b	be corrected prior to su	balssion				
· Individual I	nformation: First Name is	required					
<ul> <li>Individual I</li> <li>Individual I</li> </ul>	nformation. Last Name is a	beriuper					
Individual I	nformation Race response	e is required					
Individual I	nformation Gender respon	nse is required					
<ul> <li>Contact Int</li> <li>Identification</li> </ul>	in Identity Document(s) m	ice Address, City, State, a just be uploaded	nd ZIP Code is required				
							Beck

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



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