

State of Alaska



Background Check Program Application Guide

Table of Contents

Welcome and Logging In	Page 3
Beginning an Application	Page 4
Demographic Information	Page 5
Address Information.....	Page 7
Additional Information	Page 10
Position	Page 11
Affidavit	Page 12
Review	Page 12
Confirmation Page	Page 14
Certifying the Release of Information Form (ROI).....	Page 16
Contacting the BCP	Page 19

A. Welcome and Logging In

Welcome to the Alaska Background Check Program database system! This document will help you become familiar with entering applications for background checks for individuals associated with your facility. If after reading this guide you have any questions the BCP can be reached via email at BCUnit@alaska.gov or by phone at 907-334-4475.

1. To access the Alaska Background Check Program (BCP) database, log onto:

<https://abcs.dhss.alaska.gov/>

2. Saving this address in your “favorites” will allow you to quickly access site in the future. When the screen below appears on your computer, simply type in your Provider ID number and click the logon button.

The screenshot shows the login page for the Alaska Background Check Program. At the top, there is a navigation bar with links for 'State of Alaska', 'Health & Social Services', 'Public Notices', 'myAlaska', and 'Health & Social Services'. A search box is located to the right of the navigation bar. Below the navigation bar, the main heading reads 'Alaska Background Check Program'. Underneath this heading is a breadcrumb trail: 'State of Alaska > Health & Social Services > Public Health > Certification & Licensing > Background Check'. The main content area features a large heading 'Welcome to the Alaska Background Check System' and a sub-heading 'State of Alaska Computer Resource Terms of Usage Notice'. Below this notice is a paragraph explaining that the system is the property of the State of Alaska and that users consent to monitoring. A yellow box contains a 'Please Note' regarding students in training programs. Below the notice, there is a prompt: 'Please enter your provider identification number.' This is followed by a 'Login' section with a 'Provider Id' label and an input field. A 'Logon' button is positioned below the input field. At the bottom of the page, there is a yellow box with a link to the 'ABCS Provider Manual'.

B. Beginning an Application

1. Once you have entered your Provider ID and logged on you will see the following screen. Click on the “Add a New Application” link.



State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

STATE OF ALASKA
Alaska Department of Health and Social Services
Division of Health Care Services

Alaska Background Check System

Facility Menu

Provider: Rich Grayson Test Facility

- [Add a New Application](#)
- [Employee Release of Information Form](#)
- [Log On To Secure Area](#)
- [Logout](#)

2. After you click “Add a New Application” a screen similar to the following will appear. Please note that due to periodic updates the information on this screen may change.

Alaska Background Check System

Welcome to the State of Alaska Background Check System

The information obtained on this application will be used for background check purposes only. You will be given the opportunity to review and edit all fields at the end of the application. Do not attempt to edit until you have finished filling out the application.

You will be required to provide previous addresses for the applicant for the past 10 years (City, State and Country only)

A complete application includes the following: Release of Information Form, \$25 application fee, Certification of Positive Identification, Fingerprint Card, and \$51.50 fingerprint processing fee if applicable. Applications will not be processed until complete. Applications which remain incomplete after 30 days will be closed. Further information is available [here](#).

To begin a new application enter the following information:

Note: Required fields are marked with an asterisk (*)

Begin Application

Social Security # *

Confirm Social Security # *

3. Enter the applicant’s social security number and then enter again for confirmation purposes.
4. When you have done so, click the “Begin Application” button.

C. Demographic Information

1. The following screen will appear where you will enter name, address and other demographic information on the applicant. (Please note that only the top half of the screen is pictured here.)

NOTE: Please note **all required fields are marked with an asterisk.**

2. Enter the applicant demographic information as shown
 - a. Note that the social security is auto filled. (See red arrow)
 - b. Enter the applicant's Last Name, First Name and Middle Name/Initial; driver's license number and state; date of birth; gender. Please note that the state field has a drop down menu

Applicant Name	
Legal Last Name *	<input type="text" value="Test"/>
Legal First Name *	<input type="text" value="Eugene"/>
Legal Middle Name	<input type="text"/>
Legal Suffix	<input type="text"/>

Identification	
Social Security # *	<input type="text" value="017-65-5443"/> 
Drivers License #	<input type="text"/>
State	<input type="text" value="AB"/>
Date of Birth *	<input type="text" value="5/11/1955"/>
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown

3. Select the appropriate “Yes” or “No” answer regarding the applicant’s other names.

Other Names
Do you have any other names? (Aliases, Previous, Maiden) Yes No

a. If you click “YES” on the other names button the following screen will appear

Other Names
Do you have any other names? (Aliases, Previous, Maiden) Yes No

Type	Last Name	First Name	Middle Name	Suffix	
Adopted Name					Add

b. Enter any other names that the applicant may have. The drop down menu will give you a variety of selections such as Maiden Name, Legal Name, Alias, etc. Enter all that apply click the “Add” button after entering each additional name. See red arrow.

4. When entering the phone numbers for the applicant, the drop down menu will offer various selections for phone numbers. Select the appropriate type and enter the phone number information including area code and any extension. Click the “Add” button. See red arrow.

Phone Numbers

Type	Phone Number	Extension	
Alternate Work Place			Add

Continue..

a. When all information is entered click the “Continue” button. See red arrow.

D. Address Information

Alaska Background Check System

Demographics

Address Info

Additional Info

Position

Affidavit

Review

Address Information: Applicant: Test, Eugene

Page 2 of 6

Note: Required fields are marked with an asterisk (*)

- The address section has four parts – Email Address, Physical Address, Mailing Address, and 10 year residence history. Enter the applicant’s personal email address. If they do not have a personal email address the provider’s email address may be used.

Note: Required fields are marked with an asterisk (*)

Email Address

Applicant Email (or Provider) *

Current Physical Address

Address Line1 *

Address Line2

City *

State * AK

Zip Code *

Date That You Moved to Your Current Address

Month * Jan

Year *

Mailing Address

Same as physical address? * Yes No

Address Line1 *

Address Line2

City *

State * AK

Zip Code *

Country * United States of America

Previous Addresses

(List city and state of places lived in the past 10 years)

Country	City	State	From	To	
United States of America <input type="text"/>	<input type="text"/>	AK <input type="text"/>	Month: Jan <input type="text"/> Year: <input type="text"/>	Month: Jan <input type="text"/> Year: <input type="text"/>	Add

Continue..

~ 7 ~

2. In the physical address section enter the individual's information in the same manner as noted in the sample below.

Current Physical Address

Address Line1 *

Address Line2

City *

State *

Zip Code *

Date That You Moved to Your Current Address

Month *

Year *

3. If the individuals' mailing address is the same as the physical address, click "Yes" for the system to auto-populate this information in the mailing address section.

Mailing Address

Same as physical address? * Yes No

- a. If the addresses are not the same click "No" and enter the mailing address information.

Mailing Address

Same as physical address? * Yes No

Address Line1 *

Address Line2

City *

State *

Zip Code *

Country *

- The last section is the 10 Year Residential History. Enter the individual's residence history – city and state, and month and year – for the last 10 years.

Previous Adresses
(List city and state of places lived in the past 10 years)

Country	City	State	From	To	
United States of America	Seattle	WA	Jan 2004	Jul 2005	Update Delete
United States of America	Portland	OR	Mar 2002	Dec 2003	Update Delete
United States of America	Los Angeles	AK	Jan 1999	Feb 2002	Update Delete
United States of America	<input type="text"/>	AK	Month: <input type="text" value="Jan"/> Year: <input type="text"/>	Month: <input type="text" value="Jan"/> Year: <input type="text"/>	Add

Continue.. 

- When done, click the “Continue” Button. See red arrow.

E. Additional Information.

Alaska Background Check System

Demographics

Address Info

Additional Info

Position

Affidavit

Review

Additional Information: Applicant: Test, Eugene

Page 3 of 6

Note: Required fields are marked with an asterisk (*)

1. This section has two parts, Physical Appearance and Place of Birth. The “Physical Appearance” fields are not mandatory. However, if you have the information please fill in the data. **Please note: This information may become a requirement in the future. It is highly recommended that you begin gathering and entering this information on all background check applications. This will help avoid the need to update applications in the future.**
2. The “Place of Birth” field is mandatory. Use the “Drop Down” menus to select the “Country” and the “State/Province.” You will need to type in the name of the “City.”
 - Please note that the State/Province block will not always be accessible since some countries do not list a State or Province.
 - You should be able to select a State/Province if the applicant was born in the US, Canada, or Mexico.

Physical Appearance

Height	<input type="text"/>	feet	<input type="text"/>	inches
Weight (lbs)	<input type="text"/>			
Hair Color	<input type="text"/>			
Eye Color	<input type="text"/>			
Race	<input type="text"/>			
Citizenship	<input type="text"/>			

Place of Birth

Country *	<input type="text"/>
City *	<input type="text"/>
State/Province	<input type="text"/>

Continue..



3. When done click the “Continue” Button

F. Position.

Alaska Background Check System

Demographics

Address Info

Additional Info

Position

Affidavit

Review

Position: Applicant: h, h

Page 4 of 6

Enter information about the position(s) that are being applied for:

Note: At least one position is required for the application

Facility Contact Information

Facility Test Test Test Test Facility
DHSS ID ABC012345678
Company Test Test Test Test Facility
Address 123 Fake Facility St Wasilla, AK 99654
Primary Contact Mickey Mouse
Email mickeymouse@gmail.com
Phone Number 907-123-4567
Fax Number 907-123-4568

Positions Applying For

State Program	Position Title	Position Status		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Add	

Continue..

1. For each facility the State Program, Position Title and Position Status will vary based on the programs that are available for your individual facility.
 - a. Use the drop down menus and select the correct State Program, Position Title, and Position Status.

Positions Applying For

State Program	Position Title	Position Status		
OCS - Foster Homes	Foster Parent	Resident	Add	

Continue.. 

2. On this page after you make the selections for the position and title remember to click the "Add" button. See red arrow.
3. When Complete click the "Continue" button. See red arrow.

G. Affidavit.

1. There is nothing to fill out in this section; however, there is a link to access the Release of Information form (ROI). If you did not access the form from the initial logon menu or if you do not already have copies available, you may print forms here for applicants to complete..

The screenshot shows the 'Alaska Background Check System' interface. At the top, there are navigation tabs: 'Demographics', 'Address Info', 'Additional Info', 'Position', 'Affidavit' (which is highlighted in blue), and 'Review'. Below the tabs, the page is titled 'Affidavit:' and is labeled 'Page 5 of 6' in the top right corner. The main text reads: 'The facility submitting the application must print the affidavit for release of information for the employee to sign, or provide the employee with the link to do so. You can download the affidavit for release of information from our website: [Affidavit for Release of Information](#). Save the document that appears; print out the document; have the employee sign it, and fax or mail the form to:'. Below this text is a yellow highlighted box containing the mailing address: 'Mailing Address', 'State of Alaska', 'Dept of Health & Social Services', 'Division of Health Care Services', 'Background Check Unit', '4601 Business Park Blvd., Building K', 'Anchorage, AK 99503', and 'Fax (907) 269-3488'. At the bottom of the page, there is a 'Continue..' button.

2. You may use the link on this page or simply click on the “Continue” button.
3. Please see page 16 of this guide for instructions on electronically submitting the Release of Information form.

H. Review

1. In this section you can look at all of the data you entered for the applicant and confirm that it is correct.
2. If any of the data is not correct, you simply click on the box that has the word “Change” in it and you will go back to the section you are attempting to change.
3. If this is required you will have to go through each of the remaining tabs to get back to the review page.
4. The sections are broken down into the same areas as you filled out the application. (See page 14 for a sample)
5. If you have no changes to make, click the submit button to send the application to the Background Check Program.

Alaska Background Check Program

State of Alaska > Health & Social Services > Public Health > Certification & Licensing > Background Check

Alaska Background Check System

Demographics Address Info Additional Info Position Affidavit **Review**

Application Review: Applicant: Test, Eugene

Page 6 of 6

Please review application information before saving

Applicant Name

Last Name	Test	Change
First Name	Eugene	
Middle Name		
Name Suffix		

Identification

Social Security Number	017-65-5443	Change
Driver's License Number		
State	AB	

Demographics

Gender	Male	Change
Date of Birth	5/11/1955	
Birth City	AF	
Birth State		
Birth Country	Bhutan	
Country of Citizenship		
Height	0ft 0in	
Weight(lbs)	0	
Hair Color		
Eye Color		
Race		

Other Names [Change](#)

Phone Numbers [Change](#)

Email [Change](#)

Physical Address [Change](#)

Address Line 1	124 rt
Address Line 2	
City	anchorage
State	AK
Zip	99504

Date That You Moved to Your Current Address

Month	Jan
Year	1990

Mailing Address [Change](#)

Address Line 1	124 rt
Address Line 2	
City	anchorage
State	AK
Zip	99504

Previous Addresses [Change](#)

Positions Applying For [Change](#)

Provider	State Prog	Position	Status
Rich Grayson Test Facility	OCS - Foster Homes	Foster Parent	Resident

[Submit Application](#)

I. Confirmation Page

1. After you have sent the application to the BCP, you will receive a "Confirmation Page."

The screenshot shows a web page titled "Application Confirmation Page" from the Alaska Department of Health and Social Services, Division of Health Care Services. The page contains the following information:

Application Information:

Provider:	RIC02830800001
Application:	15764378
Received:	14-Jun-2012
Status:	Incomplete
Last Update:	14-Jun-2012 00:00

Applicant Information:

Legal Name:	Sunny Test
Date of Birth:	25-Jun-1956
SSN:	888998888
DL:	N/A
Email:	N/A

Release of Information:
A Release of Information form is needed. Please deliver a complete, signed Release of Information form to your prospective employer. This form can be printed from the following link:
[Employee Release of Information Form](#)

Fingerprints:
Fingerprints are required. Please click on the link below and follow the instructions given.
[View and Print Followup Instructions](#)

Processing Fees:
A fingerprint processing fee of \$51.50 is required.
An application processing fee of \$25.00 is required.
A total of \$76.50 is due for processing at this time.
The State of Alaska, Department of Health and Social Services, Background Check Program (BCP) collects fees for processing background check applications and for payment of processing of fingerprint cards. A request for a refund due to an overpayment of funds should be sent to the BCP at 4501 Business Park Blvd, Building K, Anchorage, AK 99503 or to BCUnit@alaska.gov for the request to be reviewed. If approved, the refund will be processed within 30 days. You can also contact the BCP as noted above and request that overpaid funds be utilized to pay for other background check applications.
Please note that no refunds will be issued for applications that have been processed by the BCP or for fingerprint cards that have been submitted to the Department of Public Safety. Nor will a refund be issued for any application that receives a barrier notification.

[Pay Online Now](#)



[Main Menu](#)

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2. The confirmation page has specific information of which you need to be aware:
- a. This page provides you information on documents and fees that must be submitted to the BCP.
 - b. In the left hand block titled “Application” you will see the applicant’s case number. In this case, the number is 15764378. This is the number to be put onto the Release of Information (ROI) form that the applicant will sign.

Application

Provider:	RIC02830800001
Application:	15764378 
Received:	14-Jun-2012
Status:	Incomplete
Last Update:	14-Jun-2012 00:00

- c. The next block down is titled “Release of Information” and indicates that the prospective employee still needs to sign the Release of Information form and give to their employer. To submit the ROI to the BCP electronically, log on to the secure site with your PIN and password and follow the steps noted beginning on page 16 of this document.

Release of Information

A Release of Information form is needed. Please deliver a complete, signed Release of Information form to your prospective employer. This form can be printed from the following link:

[Employee Release of Information Form](#)

- d. The next block is “Fingerprints” and indicates if a fingerprint card needs to be submitted to the BCP or if one is already on file. If a fingerprint card is needed, print and follow the instructions in the link. See red arrow.

Fingerprints

Fingerprints are required. Please click on the link below and follow the instructions given.

[View and Print Followup Instructions](#) 

- e. The next block is “Processing Fees” and will inform you of the fees due to the BCP. This section also allows for payment of the application and fingerprint processing fees by credit card at the time of application. The current application fee is \$25.00 and fingerprint processing fees are \$51.50 for a total of \$76.50 due at the time of application. If the applicant does not require a fingerprint card, only the \$25.00 application fee will be due.

Processing Fees

A fingerprint processing fee of \$51.50 is required.

An application processing fee of \$25.00 is required

A total of \$76.50 is due for processing at this time.

The State of Alaska, Department of Health and Social Services, Background Check Program (BCP) collects fees for processing background check applications and for payment of processing of fingerprint cards. A request for a refund due to an overpayment of funds should be sent to the BCP at 4601 Business Park Blvd, Building K, Anchorage, AK 99503 or to BCUnit@alaska.gov for the request to be reviewed. If approved, the refund will be processed within 30 days.

Please note that no refunds will be issued for applications that have been processed by the BCP or for fingerprint cards that have been submitted to the Department of Public Safety. Nor will a refund be issued for any application that receives a barrier notification.

[Pay Online Now](#)





6. At the bottom of the confirmation page there is a link to go back to the main menu, by simply clicking the “Main Menu” button. This takes you back to the start where you would put in the next application.

[Main Menu](#)

J. Certifying the Release of Information Form (ROI)

1. Every application requires a Release of Information (ROI) form. Providers can confirm the Release of Information form electronically by logging into the secure site with the Provider ID and password, selecting “View Application Confirmation Page.”

State of Alaska
myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees



Alaska Department of Health and Social Services

Division of Health Care Services

Alaska Background Check System [Log Out](#)

Secure Area

Provider: Rich Grayson Test Facility

- [View Application Status](#)
- [Change Application Status](#)
- [Add a New Application](#)
- [View Application Confirmation Page](#) ←
- [Edit Contact Information](#)
- [Change Password](#)
- [Return To Unsecure Area](#)

2. Enter the Application ID number and click the “View Application Confirmation Page” button. See red arrows.

Welcome to the State of Alaska Background Check System [Log Out](#)

The information obtained on this application will be used for background check purposes only.

A complete application includes the following: Release of Information Form, 25\$ application fee, Certification of Positive Identification, Fingerprint Card, and \$51.50 fingerprint processing fee if applicable. Applications will not be processed until complete. Applications which remain incomplete after 30 days will be closed. Further information is available [here](#).

In the past, as a courtesy to employers, the Program has processed provisional authorizations with the Release of Information only. This has impacted our ability to produce timely results to ensure employees meet the state's regulatory mandates in order to work with vulnerable populations.

To confirm an application enter the following information:

Note: Required fields are marked with an asterisk (*)

Select
 Application ID *

3. As a provider logged in to the secure site, the “Release of Information” section on the confirmation page will look slightly different than the one you saw when submitting the application.

Application Confirmation Page [Log Out](#)

This application has been received and is in process. Please verify the information below, print and retain for your records.

Application	Applicant
Provider: RIC02830800001	Legal Name: Sunny Test
Application: 15764378	Date of Birth: 25-Jun-1956
Received: 14-Jun-2012	SSN: 888998888
Status: Incomplete	DL: N/A
Last Update: 14-Jun-2012 00:00	Email: N/A

Release of Information

A Release of Information form is needed. Click the button below to certify that you have received a signed Release of Information Form from the applicant.

- You must retain the completed ROI form in your records. Please refer any questions regarding records retention to your oversight agency.
- The BCP may request a copy of this form at any time. In the case of such a request you will be responsible to supply a copy to the BCP within 24 hours.
- If the applicant has indicated **YES** to any of the disclosure questions on the form, please fax (907-269-3488) or email (bcunit@alaska.gov) a copy of the form to the BCP.

[Certify Receipt of ROI](#)

4. To confirm the ROI electronically, click on the “Certify Receipt of ROI” link. See red arrow.



Provider Certification

[Log Out](#)

As representative of the above referenced provider, by submitting this application electronically, I certify that as of the date of this application:

- (1) I have authority to submit this application.
- (2) The named applicant has signed the Department of Health & Social Services Background Check *Unit Disclosure of Personal History and Release of Information Authorization Form* and such form will be retained by the above referenced provider in accordance with applicable law.
- (3) Upon request by the Background Check Unit, a copy of the signed *Disclosure of Personal History and Release of Information Authorization Form* will be provided within twenty-four (24) hours to the Background Check Unit via fax (907-269-3488) or email (bcunit@alaska.gov)
- (4) If the applicant indicated YES to any of the questions on the *Unit Disclosure of Personal History and Release of Information Authorization Form*, a copy of the form has been provided to the Background Check Unit via fax (907-269-3488) or email (bcunit@alaska.gov) concurrent with submission of this application.

5. You must read and agree to the four statements noted on the above page. If you do not agree, then the ROI form must be mailed, emailed, or faxed to the BCP. (See contact information on page 19 of this document.) If you agree with the four statements then click on the "Accept ROI" button. Once you have done this the application in the database is automatically updated with information that Release of Information form has been electronically confirmed. **NOTE:** If you have confirmed the ROI electronically there is no need to send a hard copy of the Release of Information form to the BCP unless the individual answered "Yes" to any of the questions. Please always ensure you retain a copy of the Release of Information for each applicant in their personnel file.

- When you have confirmed the ROI you will receive an updated Confirmation Page that shows the ROI has been received and no further action regarding the ROI is needed. See red arrow. **NOTE:** Remember that if the individual answered “Yes” to any of the four questions that a copy of the ROI form must be sent to the BCP.

 myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees	
Alaska Department of Health and Social Services Division of Health Care Services	
Log Out	
<h3>Application Confirmation Page</h3> <p>This application has been received and is in process. Please verify the information below, print and retain for your records.</p>	
Application Provider: RIC02830800001 Application: 15764378 Received: 14-Jun-2012 Status: Incomplete Last Update: 14-Jun-2012 16:42	Applicant Legal Name: Sunny Test Date of Birth: 25-Jun-1956 SSN: 888998888 DL: N/A Email: N/A
Release of Information A Release of Information form was received on 6/14/2012. No further action is required. 	

- IMPORTANT** – The application is not yet complete as noted by the status of “**Incomplete**” noted above. An application is not complete and will not be processed until all items – online application, ROI, fingerprint card, and fees – are received by the BCP.
- Please see the User Manual located on you Provider Login page for instructions on how to log into the secure website and viewing or changing an application status, and changing your facility contact information.

K. Contacting the BCP

Physical and Mailing Address Department of Health and Social Services
 Division of Health Care Services
 Background Check Program
 4601 Business Park Blvd, Building K
 Anchorage, AK 99503

Phone Number 907-334-4475
 Fax Number 907-269-3488
 Email Address BCUnit@alaska.gov