Let’s Follow The Steps Together

To The DCF Clearinghouse!
Background Screening

Welcome to the Department’s site dedicated to providing information to our providers and community partners specific to the background screening process of applicants, current employees and volunteers.

Summer Camps
View Camp Listings | List Your Summer Camp

For assistance please call the Background Screening and Child Care Training Information Center at 888-352-2842

NOTE to Membership Organizations:
Password must contain an ampersand symbol !,# ect.
Welcome to the Agency for Health Care Administration’s Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

**Authorization:** I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration’s policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

- [x] I understand and agree with the Authorization statement.

[Continue]
AHCA Portal - Account Registration

User Information

* First Name: [input field]
* Last Name: [input field]
Position Title: [input field]
* Telephone Number: [input field]
* Email Address: [input field]
* Verify Email Address: [input field]
Employer’s Company Name: [input field]

Address Information

* Address Line1: [input field]
Address Line2: [input field]
* City: [input field]
* State: [dropdown]
* Zip: [input field]

Security Information

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

* User Name: [input field]
* Password: [input field]
(The password must be at least 7 characters and must contain at least one special character e.g., @,#)
* Enter Password Again: [input field]
* Security Question: [dropdown]
* Security Answer: [input field]
AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID: 
Password: 

Log In

Forgot Your Password?
Reset Password Instructions
New User Registration
AHCA Portal - Portal Landing

Program Access
Select the appropriate link below to be directed to the Program’s access page.

- Background Screening Clearinghouse - Department of Children and Families
  Department of Children and Families

Request Program Access
Choose from the list of programs below and select “Request Program Access”.

- -- Select Program --
  Request Program Access

Manage Account
- Edit User Information
- Change Password
- Update Security Question and Answer
Request Program Access

Choose from the list of programs below and select "Request Program Access".

- Department of Children and Families
- Request Program Access

Manage Account

- Edit User Information
- Change Password
- Update Security Question and Answer
Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Provider** - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

* Role: -- Select Role --

[Add Provider] [Return to Previous Page]
Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access

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* Role: [Select Role] - Provider

[Add Provider] [Return to Previous Page]
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Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

* Role: Provider

* Provider Type:  -- Select Provider Type --

Start typing the name of your Provider and select it from the list below when it appears.

Provider Name:  

[Add Provider]  [Return to Previous Page]

If you have any questions or issues please [contact us].
Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Provider** - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

- **Role:** Provider
- **Provider Type:** Family Child Care Home

Start typing the name of your Provider and select it from the list below when it appears.

- Bol
- BOLICK CORRIE FDCH : TAMPA : 23290154Z
- SYMEAR BROWN-BOLDEN FDCH : TALLAHASSEE : 02370553Z
- BOLDEN FAMILY DAY CARE HOME : OPA LOCKA : 11131212Z
- MEIBOL SUAREZ FDCH : JACKSONVILLE : 04163157Z
- BRENDA TRIMBOLI FDCH : ORLANDO : 07482542Z
- BOLDS FDCH : SAINT PETERSBURG : 23524807Z
- SARAH BOLTON FDCH : JACKSONVILLE : 04162940Z
Background Screening (BGS)
Provider User Registration Agreement

Mail To:  Office of Background Screening
1317 Winewood Blvd.
Building 6, Room 361
Tallahassee, FL 32399

Scan and E-Mail To: background.screening@myflfamilies.com
Subject Line: BGS User Agreement

Fax To: (813) 558-1171

ATTACH A COPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD WITH THIS FORM.

User Information:
Name: Chris Grybauskas
Employer Name: 123 1st Ave S.
Address: St. Petersburgh Fl 33701
E-Mail Address: littleangels@gmail.com
User ID: littleangels
Phone Number: 727-235-6767

Selected Provider:
Provider Name: Chris Grybauskas
Address: 123 1st Ave S.
Phone: 727-235-6767
Contact: Day Care Home
Provider Type: 2356787Z
OCA: 

Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature." This means that you may be held responsible for the consequences of unauthorized or illegal access to the web site.

- Do not attempt to gain access to any part of the web site other than those specifically designated for your use.

- Do not attempt to find out the identity of anyone else who uses this web site.

Return to DCF Tasks Page
It is very important that once you have printed the **USER REGISTRATION AGREEMENT FORM** you sign it, make a copy of your drivers license and fax, mail, or email to DCF. (Which are located at the top of the form) Once DCF receives your agreement form you will receive an email acknowledging that you are now registered.
What you need before you, a household member, substitute or employee go to get screened.

First you must initiate screening.
• Go to www.myflfamilies.com
• Go to Clearinghouse Provider Login
• Sign In
• Click on **Background Screening Clearinghouse**
• Click on it one more time
• At the top click on initiate screening
• You have to fill out the information – Social Security Number and last name works best
• Then click on SEARCH – the system is checking to see if there is already a screening. If there isn’t then it tells you no screening found click on **INITIATE SCREENING**
AHCA Portal - Portal Landing

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Background Screening Clearinghouse - Department of Children and Families
Department of Children and Families

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Background Screening Clearinghouse Program - Department of Children and Families - Access Page

Background Screening Clearinghouse Application Access

**Background Screening Clearinghouse**

Click the link above to access the Background Screening Clearinghouse results website.

Select Your Desired Task Below

**Add Additional Providers**

List of Providers

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.
Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This secure site allows you to search existing screenings processed through the Clearinghouse, initiate a new screening, locate a Livescan service provider, track and review screening results you have requested, and maintain employment statuses of your applicants. The links provided above will assist you in navigating the site.

For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

## Provider Information

Chris Grybauskas  
12337 Chillicothe Rd  
St. Petersburg Fl 33704

OCA Number: 235467Z
Initiate Screening

This site provides background screening results reviewed through the Clearinghouse on behalf of your specified agency, Department of Children and Families, and professional licensure information from the Department of Health’s Medical Quality Assurance division. These results are to be used for employment eligibility determinations.

If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended employers check the screening results of staff regularly as an individual's status may change based on information received.

Step #1: Search for Existing Profile

Search Criteria

Enter the information below. It is the responsibility of the provider to ensure results are for the correct individual. These results are to be used for employment eligibility determinations. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.

SSN:

AND enter at least one of the following:

Last Name:

Or:
Search Result
A screening result for this individual was not found in the Clearinghouse results website. You may initiate a screening by selecting the "Initiate Screening" button.

Initiate Screening

To initiate a screening please enter the information below. Fields with an (*) are required.

* First Name: [Enter Name]  * Address Line 1: [Enter Address]  * Sex: [Select Sex]
* Last Name: [Enter Name]  * Address Line 2: [Enter Address]  * Race: [Select Race]
* Aliases: [Enter Aliases]  * City: [Enter City]  * Hair Color: [Select Hair Color]
* SSN: [Enter SSN]  * State: [Select State]  * Eye Color: [Select Eye Color]
* Date of Birth: [Enter Date of Birth]  * ZIP: [Enter ZIP]  * Height: [Enter Height]
* Place of Birth: [Enter Place of Birth]  * County: [Select County]  * Weight: [Enter Weight]

*Required

Cancel  Next
You have to check the box stating the applicant received and signed the Privacy Policy. Click on it and print it.
Click on search you will get a list of places you can go get screened.
Click on **Print Livescan Request Form**
This is the form you will print and bring to the place you have chosen to go get screened.
Once you have been screen approximately 48 hours you will need to go back into the Clearinghouse follow all the step listed on power point 16 except instead of initiate screening go to **SCREENING RESULTS**.

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**Filter Options** *(Fields with an (*) are required)*

- **Last Name:**
- **Determination Status:**
- **Eligibility Determination Date:**
- **Screening Purpose:**

![Search button]
Final step - click on your name and print your screening. **Make sure you send a copy to licensing specialist.**
And remember! You can always call the *DCF Help Desk* for assistance.

1-888-352-2842