

What is the Family Care Safety Registry?

The Department of Health and Senior Services (DHSS) created an electronic interface with the data systems maintained by the State Highway Patrol, Department of Social Services, Department of Mental Health, and various units within the Department of Health and Senior Services. The Registry, works with several data systems to conduct background screenings. These data systems include the following:

- State criminal history records maintained by the Missouri State Highway Patrol
- Sex Offender Registry maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The employee disqualification list maintained by the Missouri Department of Health and Senior Services
- The employee disqualification registry maintained by the Missouri Department of Mental Health
- Child-care facility licensure records maintained by the Missouri Department of Health and Senior Services
- Foster parent licensure records maintained by the Missouri Department of Social Services

How to Complete the Registration Form (Only complete the indicated areas.) Please write legibly!

Registration Type- Check the Voluntary box.

<u>Social Security Number</u>- You must provide your Social Security number. This identifying information will be used for internal identification purposes and to conduct background screenings. **Please** *do not* **submit a copy of your social security card.**

<u>Personal Information</u>- List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames. For identification purposes, list your gender and date of birth.

<u>Contact Information</u>- List your address, city, state, ZIP Code, and county. Include your telephone number and email address. This information will be used to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security.

<u>Registration Agreement</u>- Sign and date the registration form. Your signature will authorize the Family Care Registry to conduct the background screening.

Form Submission

Once the form is completed, turn it into your local Extension office, or Youth Specialist. Please **do not** submit payment for the screening. MU Extension covers this cost. **Please** *do not* **submit a copy of your social security card.**

How to View Background Screening Results

Once MU Extension registers and/or initiates a background screening through FCSR, you will receive an encrypted email (sent to the email on registry form) from FCSR. You may use the link in that email to create an account to view your background screening results.