

Solicitud de Número de Empleador

Idaho Criminal History Unit

NOTA: Esta Identificación es completamente diferente de su IRS Employer Identification Number (EIN)

Sitio Web: <https://chu.dhw.idaho.gov/>

Empleadores (o proveedores en familia que recibirán subsidio del Idaho Child Care Program):

1. El proveedor debe registrarse como nuevo **Empleador** antes de que usted o sus futuros empleados o miembros de su familia puedan solicitar una Revisión de Antecedentes Penales
2. De Clic en **“NEW REGISTRATION”** en la columna gris a la izquierda de la pantalla y seleccione **“Employer”** del menú desplegable
3. Cree su nombre de usuario y contraseña propios.
 - Por favor asegúrese de recordar o anotar este nombre de usuario y contraseña.
 - Si olvida su nombre de usuario y contraseña puede contactar a la criminal history unit para crear uno nuevo.
4. Una vez que haya creado el registro, regrese a la página principal e ingrese dando clic en **“LOGON”** en el menú de la izquierda para terminar su registro como **Empleador**.
 - Ingrese como **“Empleador”** utilizando el nombre de usuario y contraseñas creados, de clic y seleccione **“MY PROFILE”**.
 - i. El perfil del empleador muestra el número de Identificación de Empleador asignado.
 - ii. Proporcione este número a sus empleados o miembros de su familia para utilizarlo cuando llenen una solicitud de Revisión de Antecedentes Penales.

NOTA: Los propietarios y trabajadores del programa de cuidado infantil, así como los proveedores en familia y los miembros de su familia, necesitarán utilizar el número de identificación de empleador que le ha sido asignado junto con el número de Empleador de ICCP (**4412**) y/o el número de identificación de empleador de la Licencia Estatal de Cuidado Infantil (**4832**) al momento de completar su registro como "Solicitante" de una Revisión de Antecedentes Penales.

5. En la página del perfil del empleador seleccione **“SELECT SERVICES”** y **“SELECT CONTACTS”**.
6. **“SELECT SERVICES”**: Los tipos de servicios que requieren de una revisión de antecedentes penales deben seleccionarse. Estos se pueden modificar en cualquier momento. Esto limitará la selección de servicios para los empleados cuando soliciten una revisión de antecedentes penales.
 - i. Los propietarios de programas que reciben ICCP seleccionarán
 1. Day Care Owner (IAW IDAPA 16.06.02)
 2. ICCP – Idaho Child Care Program (Child care is paid by DHW) (IAW IDAPA 16.06.12)
 - ii. Los trabajadores de programas de cuidado infantil seleccionarán:
 1. ICCP – Idaho Child Care Program (Child care is paid by DHW) (IAW IDAPA 16.06.12)
 2. Child Care or Day Care Employee (IAW IDAPA 16.06.02)
7. **“SELECT CONTACTS”**: Identifique la información de contacto de los individuos que deban recibir actualizaciones e información acerca de la revisión de antecedentes penales de un empleado. Esta información de contacto incluye notificaciones vía correo electrónico sobre el estado de la solicitud de un empleado. Si son varias ubicaciones, se deben identificar varios contactos.
8. Ingresar al sistema de antecedentes penales permitirá al empleador:
 - Seleccionar los Servicios que proporciona el empleador
 - Modificar los contactos del empleador
 - Ver y buscar información de los empleados
 - Imprimir cartas de liberación

Home

Logon

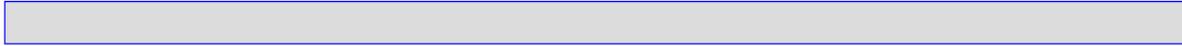
New Registration

Contact Us

Criminal History Home Page

De clic aquí

The Idaho Department of Health and Welfare conducts criminal history background checks on various classes of individual regulation. The criminal history background check is a fingerprint based check of state and national crime records and v



Employer Responsibilities

Adam Walsh Act Checks Information

Guardian & Conservator Checks

Common Questions

How to Use This Site

How to Apply

Denials

Finger Print Locations

Idaho State Records Check

Here are some common questions asked by applicants. Click on one of the questions below to view the answer

[Applicant Guide Brochure](#)

[What is a criminal history background check?](#)

[Who needs to be checked?](#)

[How long does a background check take?](#)

[How do I get a background check?](#)

[When is an applicant cleared?](#)

[What is the cost?](#)

[How often do I need a background check?](#)

[What is a disqualifying offense?](#)



Home

Logon

New Registration

Contact Us

Registration Details

To apply for access to this site, complete the following information and then click Save. Please provide an email address for password assistance. Otherwise, you will need to contact the Criminal History Unit to have your password reset. After registering you will be returned to the home page and be required to log on using your new user name and password.

WARNING!! - If you have already registered as an employer and have forgotten your Username or Password, please contact the Criminal History unit. Do not create a new account as this will impact your ability to view your employee's records.

* indicates a required field

You are Registering as an:

--- Select one ---

- Applicant
- Employer

Seleccione Employer

De clic en Save

Save

Cancel



- Home
- Logon
- New Registration
- Contact Us

Registration Details

Complete esta página

To apply for access to this site, complete the following information and then click Save. Please provide an email address for password assistance. Otherwise, you will need to contact the Criminal History Unit to have your password reset. After registering you will be returned to the home page and be required to log on using your new user name and password.

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* indicates a required field

You are Registering as an:

Provider Information

Company Name *

Phone * Address: *

Fax

City: * State: *

Zip Code: *

(Both User Name and Password must be 8 to 20 letters or numbers without spaces)

Account Information

User Name: * Security Question: *

Password: * Security Answer: *

Confirm Password: *

De Clic en Save

Save Cancel



- Home
- Logon
- New Registration
- Contact Us

Registration Details

Ejemplo

To apply for access to this site, complete the following information and then click Save. Please provide an email address for password assistance. Otherwise, you will need to contact the Criminal History Unit to have your password reset. After registering you will be returned to the home page and be required to log on using your new user name and password.

WARNING!! - If you have already registered as an employer and have forgotten your Username or Password, please contact the Criminal History unit. Do not create a new account as this will impact your ability to view your employee's records.

* indicates a required field

You are Registering as an:

Provider Information

Company Name *

Phone * Address: *

Fax

City: * State: *

Zip Code: *

(Both User Name and Password must be 8 to 20 letters or numbers without spaces)

Account Information

User Name: * Security Question: *

Password: * Security Answer: *

Confirm Password: *

Save Cancel



- Home
- Logon
- New Registration

Employer Register Information

Siga estas instrucciones

Next Step of Registration - Instructions

1. Click on Log On from the menu.
2. Type in Your user name and password and click in the small box Log On as Employer.
3. Click Log On Button.
4. Click on "My Profile" from the menu.
5. Click on Select Contacts button found in the middle of the screen.
6. Click on **Add New**.
7. Enter the information to identify the individual(s) who are responsible for tracking criminal history applications within your agency. You can add as many contacts as you wish.
8. Click **SAVE**.
9. Click on Select Services button found in the middle of the screen.
10. Click on only those services that your agency provides.
11. Click **SAVE**.
12. After entering Contacts and Services, Your Employer ID # is displayed in the upper right hand corner.

Your Registration is now complete. You can modify your contact selections and service selections at any time by going to My Profile from the menu.

Close

- Home
- Logon
- New Registration
- Contact Us

Logon

User Name: Heckraisers

Password: ●●●●●●

Logon as Employer

** The password is case sensitive

Log On Cancel

Forgot Password? Enter User Name above and [Click Here](#)

De clic en Log On

- Home
- Logoff
- My Profile
- Report List
- Contact Us

Criminal History Home Page v 3.6

welcome: Heckraisers

Click on 'My Profile' from the Menu to the Left to enter the information

What do my employees need to know before applying for a background

- [Applicant Guide Brochure](#)
- [What is the criminal history background check?](#)
- [Application Submission?](#)
- [Fingerprinting?](#)
- [Mailing Fingerprints](#)
- [Idaho State Records Check](#)
- [Idaho Health & Welfare rules](#)
- [What is the cost?](#)
- [How long does it take?](#)
- [How do I check on the status of my application?](#)
- [How Employer can Cancel/Reschedule a fingerprint appointment?](#)
- [How an Applicant can Cancel/Reschedule a fingerprint appointment?](#)

- Home
- Logoff
- My Profile
- Report List
- Contact Us

Employer Profile Provider Number not assigned, until at least one service and at least one contact is created. Click on Services or Contact Buttons

* indicates a required field

Provider Information

Company Name: Heckraisers

Phone: (208) 585-1702 Ext: Mailing Address: 555 Easy St

Fax: (208) 585-5858 Ext: City: Atenaville State: ID

Zip Code: 83700

Account Information

User Name: heckraisers Status: Active

User Type: Employer Security Question: Your favorite Toy

Select Services Security Answer: Whoopee Cushion!

Select Contacts

The Save button will not be enabled until at least one service is selected and at least one contact is created.

Account Activity

Date Created: 12/24/2013
Last Login: 12/24/2013

Delete Save Cancel

Ejemplo



- Home
- Logoff
- My Profile
- Report List
- Contact Us

Type of Services

Please select all the type of services you will be providing.
Provider Services Types

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adoptive Parent Applications and Adults in the Home through an Agency (IAW IDAPA 16.06.01 & 16.06.02) | <input type="checkbox"/> Home & Community Based Services (HCBS) - Adult (IAW IDAPA 16.03.10) |
| <input type="checkbox"/> Adoptive Parent Applications and Adults in the Home through DHW (IAW IDAPA 16.06.01 & 16.06.02) | <input type="checkbox"/> Home & Community Based Services (HCBS) - Children (IAW IDAPA 16.03.10) |
| <input type="checkbox"/> Alcohol or Substance Use Disorders Treatment Facilities and Programs (IAW IDAPA 16.03.09 & 16.07.20) | <input type="checkbox"/> Home & Community Based Services (HCBS) - Children (IAW IDAPA 16.03.10) |
| <input type="checkbox"/> Certified Family Homes and Adult in Home (IAW IDAPA 16.03.09 & 16.03.10) | <input type="checkbox"/> Home Health Agencies (IAW IDAPA 16.03.07) |
| <input checked="" type="checkbox"/> Child Care or Day Care Employee (IAW IDAPA 16.06.02) | <input checked="" type="checkbox"/> ICCP - Idaho Child Care Program (Child care is paid by DHW) (IAW IDAPA 16.06.12) |
| <input type="checkbox"/> Children's Residential Care Facilities (IAW IDAPA 16.06.02) | <input type="checkbox"/> ICPC Interstate Compact Placement of Children Investigation (not licensed Foster Care IAW IDAPA 16.06.01 and I.C. 16-2101) |
| <input type="checkbox"/> Children's Therapeutic Outdoor Program (IAW IDAPA 15.06.02) | <input type="checkbox"/> Indian Tribal Foster Care and all Adults in the Home (IAW IDAPA 16.06.02) |
| <input type="checkbox"/> Community Support Worker (IAW IDAPA 16.03.13) | <input type="checkbox"/> Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) (IAW IDAPA 16.03.11) |
| <input type="checkbox"/> Contracted Non-Emergency Medical Transportation Providers (IAW IDAPA 16.03.09) | <input type="checkbox"/> Mental Health Clinics (IAW IDAPA 16.03.09 & 16.03.10) |
| <input type="checkbox"/> Contractors with DHW as specified in the contract | <input type="checkbox"/> Non-Hospital Medically Monitored Detoxification/Mental Health Diversion Unit (IAW IDAPA 16.07.50) |
| <input type="checkbox"/> Court Appointed Guardians / Conservators (IAW I.C. 15-5 Part 3 and I.C. 66 Part 4) | <input type="checkbox"/> Other (may include Blind Commission; or other agency) |
| <input checked="" type="checkbox"/> Day Care Owner (IAW IDAPA 16.06.02) | <input type="checkbox"/> Personal Assistance and Personal Care Providers (IAW IDAPA 16.03.10) |
| <input type="checkbox"/> Department of Health & Welfare Employees Providing Direct Care, Employees at State Institutions, and EMS Communication Specialists and Managers | <input type="checkbox"/> Psychosocial Rehabilitation Agencies (IAW IDAPA 16.03.10) |
| <input type="checkbox"/> Designated Examiner and/or Dispositioner (IAW IDAPA 16.07.39) | <input type="checkbox"/> Residential Care or Assisted Living Facilities (IAW IDAPA 16.03.22) |
| <input type="checkbox"/> Developmental Disabilities Agencies (IAW IDAPA 16.03.10) | <input type="checkbox"/> Residential Habilitation Facilities (IAW IDAPA 16.04.07) |
| <input type="checkbox"/> Employees/Interns of Licensed Children Agencies Providing Adoption or Foster Care Services (IAW IDAPA 16.06.02) | <input type="checkbox"/> Semi-Independent Group Residential Care Facilities for the Developmentally Disabled or Mentally Ill (IAW IDAPA 16.03.15) |
| <input type="checkbox"/> EMS Certification Applicant Volunteers (IAW IDAPA 16.02.03) | <input type="checkbox"/> Service Coordinators and Paraprofessionals (IAW IDAPA 16.03.10) |
| <input type="checkbox"/> EMS Certification Applicants (IAW IDAPA 16.02.03) | <input type="checkbox"/> Skilled Nursing and Intermediate Care Facilities (IAW IDAPA 16.03.02) |
| <input type="checkbox"/> Foster Care Applicants and Adults in the Home through an Agency (IAW IDAPA 16.06.02) | <input type="checkbox"/> Support Broker (IAW IDAPA 16.03.13) |
| <input type="checkbox"/> Foster Care Applicants and Adults in the Home through DHW (IAW IDAPA 16.06.02) | <input type="checkbox"/> Volunteers and Interns with DHW (As applicable with individual DHW divisions, programs, State Institutions rules or IDAPA 16.05.06) |
| <input type="checkbox"/> Foster Care Purpose Code X (IAW IDAPA 16.06.02) | |

Save Cancel



- Home
- Logoff
- My Profile
- Report List
- Contact Us

Provider Contact List

No Data Found

Click on the grey box to the left of the Contact Name to Edit or View Contact details [Add New](#)

De clic aquí

Contact Information

Cancel

Idaho Criminal History Unit
Tuesday, December 24, 2013

Employer Profile Provider Number not assigned, until at least one service and at least one contact is created. Click on Services or Contact Buttons

* indicates a required field

Provider Information

Company Name: Heckrasers
 Phone: (208) 555-1212 Ext. * Mailing Address: 555 Easy St
 Fax: (208) 555-0888 Ext. City: Alaenaville State: ID Zip Code: 83700

Account Information

User Name: Heckrasers Status: Active
 User Type: Employer
 Change Password Security Question: Your favorite toy
 Select Services Security Answer: Whoope Cushion!
 Select Contacts

The Save button will not be enabled until at least one service is selected and at least one contact is created.

Account Activity

Date Created: 12/24/2013
 Last Login: 12/24/2013

Delete Save Cancel

Ejemplo

Pantalla #11

Idaho Criminal History Unit
Tuesday, December 24, 2013

Provider Contact List

No Data Found

Click on the grey box to the left of the Contact Name to Edit or View Contact details [Add New](#)

Contact Information

Cancel

Pantalla #12

Idaho Criminal History Unit
Tuesday, December 24, 2013

Contact Details

Please fill out all of the information below * = Required Fields

Contact Information

First Name: * Mailing Address: *
 Last Name: * City: * State: --Sel--
 Day time Phone: * Zip Code: *
 Fax: *
 Email Address: *

Save Cancel

Pantalla #13

Idaho Criminal History Unit
Tuesday, December 24, 2013

Contact Details

Please fill out all of the information below * = Required Fields

Contact Information

First Name: Alaena Mailing Address: 555 Easy St
 Last Name: Dufenschmertz City: Alaenaville State: ID
 Day time Phone: (208) 555-1212 Ext. Zip Code: 83700
 Fax: (208) 555-1212 Ext.
 Email Address: adufenschmertz@IdahoAEYC.org

Save Cancel

Ejemplo

Pantalla #14



Home

Logoff

My Profile

Find Applicant

Report List

Contact Us

Provider Contact List

Click on the grey box to the left of the Contact Name to Edit or View Contact details [Add New](#)

Clic aquí

Contact Information

Contact Name	Inactive
Dufenschmertz, Alaena	<input type="checkbox"/>

Cancel



Home

Logoff

My Profile

Find Applicant

Report List

Contact Us

Ejemplo

Report List

Select Report from list below.

Employer Applicants

View Report



Home

Logoff

My Profile

Find Applicant

Report List

Contact Us

Employer Profile Employer ID: 7711

* indicates a required field

Provider Information

Company Name: Hofkins Heckraisers *

Phone: (208) 555-1212 Ext. * Mailing Address: 555 Easy St *

Fax: (208) 555-5555 Ext. *

City: Alaenaville * State: ID *

Zip Code: 83700 *

Account Information

User Name: Heckraisers * Status: Active *

User Type: Employer *

Security Question: Your favorite Toy *

Security Answer: Whoope Cushion! *

Change Password *
Select Services *
Select Contacts *

Account Activity

Date Created: 12/24/2013
Last Logon: 12/24/2013

Delete Save Cancel