

Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in [state law](#). There is a one-time registration fee of \$10.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, there will be a \$1.00 processing charge added to your fee.

To register online you will need:

- Internet access
- Your Social Security number
- A credit card or debit card

NOTE
You may be asked to supply a copy of your social security card or other verification document after the FCSR receives your registration information.

The online system works best with [Internet Explorer](#).

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration is at the end of this document.

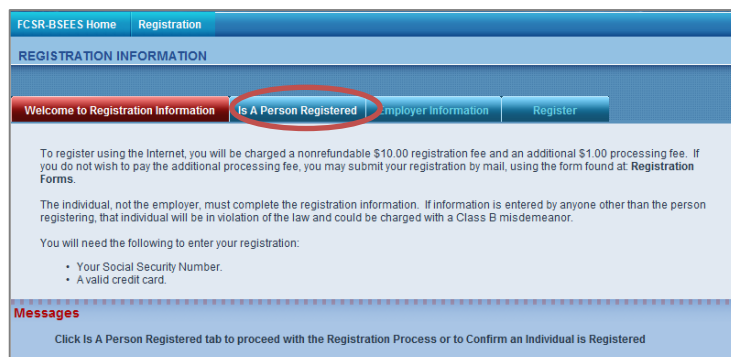


From the FCSR-BSEES homepage, click the **Registration** button to begin.

From the submenu, click **Register**.



Read the Welcome to Registration Information. When ready, click the tab for **Is A Person Registered** to continue.



NOTE
You will see a **Messages** section on each page. Informational messages will be in black text. Error messages will be red.

Enter your Social Security number in the appropriate fields on the **Is A Person Registered** screen. Enter the security text/number shown on your screen. Click the **Search** button.

The screenshot shows the 'Is A Person Registered' screen. At the top, there are navigation tabs: 'Welcome to Registration Information', 'Is A Person Registered' (selected), 'Employer Information', and 'Register'. Below the tabs, there is a section titled 'SEARCH BY REGISTRATION'. The main content area contains the following text: 'To search Department of Health and Senior Services database to identify if a person is a Family Care Safety registrant, enter the Social Security Number and click search. You must complete the Search before continuing to register online.' There are three input fields: '*Social Security Number' with a grid of boxes containing '999 99 9999', '*Confirm Social Security Number' with a grid of boxes containing '999 99 9999', and '*Enter Security Text' with a text box containing '02358'. To the right of the Security Text field is a 'Security Text' image showing '02358' and a 'Search' button circled in red. Below the input fields is a 'New Code' button. At the bottom, there is a 'Messages' section with the text: 'Click New Code Button if You Wish New Security Code to Display'.

You should be notified that your Social Security number was not found in the database.

The screenshot shows the 'SEARCH BY REGISTRATION RESULTS' screen. At the top, there are navigation tabs: 'Welcome to Registration Information', 'Is A Person Registered' (selected), 'Employer Information', and 'Register'. Below the tabs, there is a section titled 'SEARCH BY REGISTRATION RESULTS'. The main content area contains the following text: 'Social Security Number: 999-99-9999 was NOT found in the database. The individual with this Social Security Number is NOT registered with the Family Care Safety Registry (FCSR). NOTE: This is not a background screening. A background screening cannot be processed until the individual has completed registration with the FCSR. If you believe an error has been made and this individual has registered with the FCSR, please provide either the check/money order number used for payment of the registration fee, or the registration number assigned to the individual by the FCSR, or select Contact Us for location and hours. To continue with your registration select the Employer Information tab. To Proceed with Registration: [Continue] To search for another Social Security Number: [Search]'. At the bottom, there is a 'Messages' section with the text: 'Social Security Number NOT Found Register by Clicking Continue Button or Selecting the Employer Information Link / Tab'.

NOTE
If you were notified that your Social Security number **was** found in the database, you may already be registered with the FCSR. If your Social Security number was found and you do not believe you have registered in the past, call the FCSR toll-free at 866-422-6872.

Click the **Continue** button.

Either enter an **Employer Name** (current or potential) *or* make a selection from **Select if No Employer**.

The screenshot shows the 'EMPLOYER INFORMATION' screen. At the top, there are navigation tabs: 'Welcome to Registration Information', 'Is A Person Registered', 'Employer Information' (selected), and 'Register'. Below the tabs, there is a section titled 'EMPLOYER INFORMATION'. The main content area contains the following text: 'Selection Criteria Please select the Employer below requiring or requesting you to register with the FCSR. If your Employer is not listed, or you are registering with the FCSR for a purpose other than employment, please make a selection from "Select if No Employer". *Employer Name: [radio] Begins With [radio] Contains abc [Search] *Select if No Employer: Select [dropdown] If you are registering because of a pending adoption, search for your and if found, click the checkbox next to the name. Please also select Adoptive Parent for [checkbox] To Proceed with Registration: [Continue]'. At the bottom, there is a 'Messages' section with the text: 'Please Proceed to the Register Tab by Clicking Continue Button'.

To enter an employer name, set your search criteria to either **Begins With** or **Contains**. Begin typing part of the employer name. As you type, a drop down list will appear. You may select an employer name from the drop down list or you can use what you've typed thus far.

Click the **Search** button.

After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.

FCSR-BSEES Home Registration

EMPLOYER INFORMATION

Welcome to Registration Information Is A Person Registered **Employer Information** Register

Selection Criteria
Please select the Employer below requiring or requesting you to register with the FCSR. If your Employer is not listed, or you are registering with the FCSR for a purpose other than employment, please make a selection from "Select if No Employer".

*Employer Name: Begins With Contains ABC ND ENTERPRISES LLC Search

*Select if No Employer: Select

If you are registering because of a pending adoption, search for your adoption agency in the Employer Name field, and if found, click the checkbox next to the name. Please also select Adoptive Parent from "Select if No Employer."

Employer Results

Employer Name	Employer Address	Employer City	Employer State	Employer Zip Code
<input checked="" type="checkbox"/> ABC ND ENTERPRISES LLC	3930 WASHINGTON ST	KANSAS CITY	MO	64111

To Proceed with Registration **Continue** Back to Top

Indicates a Required Field
Messages
Please Proceed to the Register Tab by Clicking Continue Button

If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the **Select if No Employer** field.

Select

- Adoptive Parent
- Employer Not Listed
- Foster Parent / Family Member of Foster Parent
- Home Child Care Provider
- Private Pay / Private Duty
- Student
- Volunteer
- Other

NOTE
If you are registering with the FCSR so you can be screened as an adoptive parent, please search for the adoption agency in the Employer Name field and choose Adoptive Parent from the Select if No Employer field.

After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the **Continue** button.

Now you will enter personal information. First, select one or more **Registration Type(s)** by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.

FCSR-BSEES Home Registration

PERSONAL INFORMATION

Welcome to Registration Information Is A Person Registered Employer Information **Register**

Selection Criteria
*Registration Type(s):

- Adoptive Parent
- Child Care
- Foster Parent / Family Member of Foster Parent
- Hospital
- Long Term Care / Personal Care
- Mental Health / Psychiatric Hospital
- Voluntary

FCSR-BSEES Home Registration

PERSONAL INFORMATION

Welcome to Registration Information Is A Person Registered Employer Information **Register**

Selection Criteria
*Registration Type(s):

- Adoptive Parent Agency Name
- Child Care
- Foster Parent / Family Member of Foster Parent *County Office
- Hospital
- Long Term Care / Personal Care
 - Adult Day Care
 - Assisted Living Facility
 - Hospice
 - Long Term Acute Care (LTAC) / Swing Beds
 - Mental Health - Residential Facility / ICF
 - Nursing Facility / Skilled Nursing Facility
 - Personal Care - Home Health
 - Personal Care - In-Home Services
 - Personal Care - Consumer Directed Services / Center for Independent Living
 - Personal Care - HCY, PDW, DDD or Other
- Mental Health / Psychiatric Hospital
- Voluntary

Select only the category(ies) that best describe your reason for registering with the FCSR at this time.

Next, enter your personal information.

Personal Information

*Last Name: *First Name: Middle Name: Suffix:

Add Other Name If you do not list all other known names used, including both first names and last names, your registration may be rejected.

*Date of Birth: Month Day Year *Gender:

If needed, click the **Add Other Name** button to add an additional entry field (or fields) for any other names you have used, such as a nickname, married name, etc.

Personal Information

*Last Name: *First Name: Middle Name: Suffix:

Add Other Name If you do not list all other known names used, including both first names and last names, your registration may be rejected.

*Last Name: *First Name: Middle Name:

*Date of Birth: Month Day Year *Gender:

Finally, enter your contact information.

Contact Information

Registrant Mailing Address: Enter the registrant's home address. If the employer's address is used, your registration will be rejected.

Street Address:

*Zip Code: *City: *State:

*County:

Telephone:

Email: Internal Use Only

Continue

Back to Top

*Indicates a Required Field

Messages

Click Continue Button after Required Information Entered to Proceed with Registration

NOTE
The telephone number and email fields are optional. All other fields are required.

Click the **Continue** button.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does not reflect your mailing address.

***Standard Address Results** Select the box that accurately displays your mailing address, then click the Save button.

Address1	Address2	City	State	Zip Code	County
<input checked="" type="checkbox"/>	PO BOX 570	JEFFERSON CITY	MO	65102	COLE
<input type="checkbox"/>	Use Address Entered Above				

Save

Back to Top

*Indicates a Required Field

Messages

NOTE
If you made an error while entering your address, you can re-enter the information and click **Continue** again.

Click the **Save** button.

Confirm that all information entered is correct.

Registration Confirmation

Employer Name: ABC ND ENTERPRISES LLC

No Employer Specified:

Registration Type: Long Term Care / Personal Care Nursing Facility / Skilled Nursing Facility

Name: Doe, John

Date of Birth: 01/02/1983

Gender: MALE

Contact Information: PO BOX 570
JEFFERSON CITY, MO 65102
COLE

Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

Carefully read the Registration Agreement.

Registration Agreement

Please read carefully the following statement regarding the use of this site:

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services to obtain any and all background information authorized by sections 210.900 to 210.936, RSMo., to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry and any related background information contained in the Family Care Safety Registry to the requestor for employment purposes only, as provided in section §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, long term care, or personal care setting.

I understand that if I dispute the information contained in the Family Care Safety Registry I have the right to appeal the accuracy in the transfer of information to the Registry within thirty (30) days of receiving the results of the background screening determination.

I understand that by selecting Agree, I will be responsible for the nonrefundable credit card charge that includes both the registration and payment processing fee.

If you agree to and understand the terms specified above, click the "Agree" button below to continue.

If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.

Enter your payment information.

FCSR-BSEES Home Registration

PAYMENT INFORMATION

Fee Information

Registration Fee: \$10.00

Processing Fee: \$1.00

Total Fee Amount: \$11.00

Customer Information

* Cardholder's Name:
Cardholders name must exactly match the name on the Credit Card

Check here if Billing Address is the same as your Registrant Mailing Address

* Address Line 1:

Address Line 2:

* City:

* State: MISSOURI

* Zip Code:

* Telephone:

Credit Card Information

* Card Type: Select

* Credit Card Number:

* CVV Code: ?

* Expiration Date: Month: Select Year: Select

I understand that by clicking the CONTINUE button, I agree to pay the total amount above.

*Indicates a Required Field

Messages

Click the **Continue** button after entering all required information.

Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Confirm the payment information was entered correctly.

Click the **Edit** button to re-enter payment information if needed.

Click the **Continue** button to finish your submission and receive a transaction confirmation.

You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration and payment information submitted to the FCSR.

NOTE
If your transaction was declined or failed, you may start over and submit again.

Your printer-friendly confirmation of registration and payment information will open in a new window. Print the notification using the Adobe Acrobat Reader print button.

NOTE
The printer-friendly confirmation requires:

- The free Adobe Acrobat Reader software, version 9 or higher
- Pop-up blocker settings be modified to allow pop-ups from *.dhss.mo.gov

Go to <https://webapp02.dhss.mo.gov/bsees> to submit your FCSR registration online.

What happens next? FCSR staff will review your registration information and contact you by mail with any questions. After the registration is processed, FCSR will complete an introductory screening and mail the results. Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as address changes.

Missouri Department of Health and Senior Services
Family Care Safety Registry
PO Box 570
Jefferson City, MO 65102
Toll-free: (866) 422-6872
Fax: (573) 522-6981
www.health.mo.gov/safety/fcsr

