Massachusetts Executive Office of Public Safety and Security



Statewide Applicant Fingerprint Identification Services (SAFIS) Program

Registration Guide

Massachusetts Department of Children and Families (DCF)





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About the Statewide Applicant Fingerprint Identification Services (SAFIS) Program

Massachusetts Law and Federal Law require the Department of Children and Families to fingerprint persons seeking to become foster or adoptive parents during the initial licensing process, and requires foster and adoptive parents of the Department to be fingerprinted during the bi-annual re-licensing process. The Department of Children and Families has partnered with MorphoTrust USA and the Executive Office of Public Safety and Security (EOPSS) to use the EOPSS Statewide Applicant Fingerprint Identification Services (SAFIS) program to take fingerprints for Department Foster and Adoptive parent applicants and parents. This program was established by EOPSS in partnership with the Department of Criminal Justice Information Services (DCJIS) and Massachusetts State to support **non-criminal justice** fingerprint based state and national Police (MSP), criminal history record information (CHRI) checks. This program has convenient applicant fingerprinting enrollment centers throughout the Commonwealth of Massachusetts. Applicants must register for an appointment via the IdentoGO[™] by MorphoTrust USA registration system. Fingerprints are captured and submitted electronically for processing by the MSP and Federal Bureau of Investigation (FBI). State and national CHRI results are disseminated to authorized organizations by the DCJIS.

Overview of the Fingerprinting Process

The following is an overview of the SAFIS fingerprinting process:

- An applicant registers for a fingerprinting appointment via either the MorphoTrust USA IdentoGO[™] registration website or the MorphoTrust Massachusetts Customer Service (telephone) Center;
- An applicant goes to a MorphoTrust USA IdentoGO[™] enrollment center on the date and time selected by him/her and has his/her fingerprints taken;
- The applicant's fingerprints are sent electronically to the Massachusetts State Police (MSP) for a statewide criminal history record check and to the Federal Bureau of Investigation (FBI) for a nationwide criminal record check;
- The results of both the State and National fingerprint-based criminal history record checks are returned to the MSP; and

 The State and National fingerprint-based criminal history record check results are returned to DCF for review. DCF will then determine if the applicant is suitable or not suitable for the position sought.

Important Requirements

Information Required at Registration

To register for an appointment to have your fingerprints taken at one of the MorphoTrust USA IdentoGO[™] enrollment centers, the following information is required:

Person Identification Number (PID) - DCF will provide you with your Person Identification Number (PID) once you have been deemed suitable based on a preliminary background check.

2

Your Registration Confirmation and an Acceptable Form of Identification are Required at Your Fingerprint Appointment

You must bring your **Registration Confirmation Number** with you to your fingerprinting appointment. You must also bring an acceptable form of identification (see page 23). The MorphoTrust USA IdentoGO[™] enrollment center staff will match the information in the registration system with the identification provided to confirm your identity. <u>Fingerprints will not be taken without acceptable identification.</u>

Registering with MorphoTrust USA for a Fingerprinting Appointment

To get your fingerprints taken, you must register for an appointment. There are two methods available: 1). Register on-line on the MorphoTrust USA IdentoGO[™] registration website; or 2). Register by phone.

MorphoTrust USA IdentoGO[™] Massachusetts Registration Website

- Go to <u>http://www.identogo.com/FP/Massachusetts.aspx</u>
- Click the Online Scheduling link.
- To see a complete list of MorphoTrust USA IdentoGOTM enrollment centers in Massachusetts, click on the Locations link.
- To access online resources, click on Forms and Links



Registering Online

To begin the registration process:

- Go to <u>http://www.identogo.com/FP/Massachusetts.aspx</u>
- Click the Online Scheduling link.

APPLICATION DETAILS

• Enter First Name and Last Name.

| IdentoGO | | | | |
|--|---|--|--|--|
| Massachusetts Registration | | | | |
| 3 | | | | |
| | | | | |
| | Welcome | | | |
| | | | | |
| | Welcome. The following pages will ask you for information needed to schedule and process your background check. If you have problems or questions, feel free to call us at (866) 349-8130 | | | |
| | First Name Last Name | | | |
| | Go | | | |
| | For Existing Appointments | | | |
| | I received a rejection notification and need to schedule an appointment. | | | |
| | mare an existing appointment involution intervolution and the second second second second second second second | | | |
| | If you have any questions with the website, please contact MorphoTrust USA at (866) 349-8130. | | | |
| REFURD POLICY I PRIVACY STATEMENT COPYRIGHT © 2004-2015 MORPHOTRUST USA | | | | |
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- Click the **Go** button on the page.
- In the Agency/Sector drop-down list, Select Department of Children and Families (DCF).
- Click Go

| IdentoGO | | | | | |
|---|--|--|--|--|--|
| Assachusetts Registration | | | | | |
| Application Details | | | | | |
| Please select agency/sector from the list below. | | | | | |
| Agency/Sector Please choose an item from the list | | | | | |
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- Based on the position for which you are being fingerprinted, select DCF Caregiver (Foster Parent) or DCF Household Member 15 or older.
- Click Go

| IdentoGO | | |
|----------------------------|---|--|
| Massachusetts Registration | | |
| | Application Details | |
| | Please indicate the applicant type below: | |
| | DCP Caregoler (Foster Parent) DCP Household Member 15 or older Ga. | |
| | Need to start over? | |
| | <- Return to Start | |
| | If you have any questions with the website, please contact MorphoTrust USA at (866) 349-8130. | |
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Based on your Applicant Type selection, Click **Yes** to confirm your Agency.

| IdentoGO | | | | |
|----------------------------|---|--------|--|--|
| Massachusetts Registration | | | | |
| _ | Confirm Agency | | | |
| | This will require that a search of Massachusetts and/or FBI records be conducted. If you are not sure that this is the right type, pease confirm your agency is <u>Department Of Children and Families (DCF)</u> <u>DCF Caregiver (Foster Parent)</u> . (By selecting No, you will be returned to the previous occene to make another choice. Selecting Yes will continue on.) Inco | | | |
| If you | Need to start over? <pre>«-Return to Start</pre> u have any questions with the website, please contact MorphoTrust USA at (866) 349 | -8130. | | |
| | REFUND POLICY I PRIVICY STATEMENT COPYRIGHT © 2004-2015 MCRPHOTRUST USA | | | |
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 Enter the DCF Person ID (PID) you obtained from DCF and your Date of Birth (DOB) and click Go.

| lentoGO | |
|------------------------|--|
| assachusetts Registrat | DCF Person ID Details |
| | Please enter your DCF Person ID and Date of Birth in the box below. |
| | DCF Person ID: Date of Birth (mmiddlyyy)): |
| | |
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- The First and Last Name associated with the PID and DOB you entered will be displayed. Please verify that the First and Last Name is correct.
- If correct, click the **Correct** button.

| ento GO |
|---|
| |
| ssachusetts Registration |
| |
| Confirm DCF Person ID |
| |
| Please confirm the person being fingerprinted below: |
| CaregiveriHousehold Member Name: / |
| |
| Correct Incorrect |
| |
| Need to start over? |
| <- Fletum to Start |
| If you have any questions with the website, please contact MorphoTrust USA at (866) 349-8130. |
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• If not correct, click the **Incorrect** button and reenter the **PID and DOB**.

| nusetts Registration | DCF Perso | n ID Details | |
|----------------------|---|---|--|
| | Please enter your DCF Person ID and Date of | f Birth in the box below. | |
| | You have entered an invalid DCF Person ID | | |
| | DC# Person ID: Date of Birth (mmiddyyyy): | 5 12/12/1976 Go | |
| | Need to | start over? | |
| | <-Ret | um to Start | |
| | If you have any questions with the website, pla | ease contact MorphoTrust USA at (866) 349-8130. | |
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NOTE: If the First and Last Name displayed on the screen, does not match the PID and DOB entered, please contact your DCF Family Resource Worker to verify your PID.

APPOINTMENT DETAILS

- To find the location of the nearest MorphoTrust USA IdentoGO[™] enrollment center, enter Zip Code in the box provided and click **Go**.
- To see a list of all MorphoTrust USA IdentoGO[™] locations in a particular region of the state, select the region in the Region drop-down list and click Go.

| IdentoGO | | |
|----------------------------|---|--|
| Massachusetts Registration | | |
| | Appointment Details | |
| И | you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment schedulor. | |
| | <- Return to Start | |
| | Enter a zip code to determine the closest fingerprinting location, | |
| | Of Please choose the region you will be in for your identification appointment. | |
| | CENTRAL • (90) | |
| | | |
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| | | |
| | Need to start over? | |
| | <- Return to Start | |

- Available appointments during the next seven (7) days will be presented.
- To view future dates, click the **Next Week** link.
- Click on the Click to Schedule link for the date and location you want.
- Select the preferred time.
- Click, Go.

| Since and a second reader) or have protected in the our alternative appointment Inter location offering passport, id theft Variable in the contraction of the intervention of the interventinterventintervention of the intervention of the interventinterven |
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| this link to our atternative appointment sch inter location offering passport, id theft prote April 22 - April 28 Nex Wedresdey Thunday Friday Statutay 4222015 4232015 4242015 4252015 4 |
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| e Directions |
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A consent form to authorize the fingerprint-based background check will be presented for review by the applicant.

- If you agree to the terms and conditions, select I Affirm that I have read and fully understand the above and consent to the aforementioned background check.
- If you do not agree to the Terms and Conditions, select I DO NOT Agree to the terms and conditions of the Massachusetts background check and the registration process will be cancelled.
- If the applicant is less than eighteen (18) years of age, a parent or legal guardian will also need to review and electronically provide consent.
 - ✓ Enter **First Name** and **Last Name** of the parent or legal guardian.
 - ✓ Select, I Affirm that I have read and fully understand the above and consent to the aforementioned background check.
- Click Go.



APPLICANT DETAILS

- You will be required to provide standard demographic data, including Name, Date of Birth, Home Address, and Contact Information. Please note MSP and FBI require information such as gender, height, weight, race, hair, eye color, and place of birth.
- Enter the required information and click the **Send Information** button.

| <mark>usetts Regis</mark> t | ration | | |
|--|--|--|----------------------------|
| Α | pplicant li | nformatio | on |
| Instructions Items marked with an an error. Click on the e | are required. A red exclamat exclamation mark for a descrip | fon mark will appear to the ption of the error. | right of any field that ha |
| Applicant Name | | | |
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| Applicant Allas or Mal | den Name | | |
| Profix Find Name | Middle Roeme | Last Norme | Suffix T |
| Applicant Home Addr | *** | | Add Allas (up to 5 |
| Nartse * Orectan | V Street Fairs 1 | | |
| Unit Designation | | | |
| T | | | |
| Castley * | ▼] [^{α_γ,*} |] Slate* | Zp Case* |
| Methods of Contact | | | |
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| S Yos, please strait the sci | contend materials, special often and a | itermetan alaut siter Marphol sa | USA probatia and services. |
| Applicant Demograph | lo Data | 1 mars 1 | Mana * |
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| Olive Currier 1 | in the second second | riv Nambar | |
| United States | V | | |
| | After You Have Entered | All Required Information | > Gend information |
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| | Next to at | tart over? | |
| | - Return | to Dtat | |
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 You will then be required to verify the information provided for the registration process.

| Idento GO | | | |
|----------------------------|--|--|--|
| Massachusetts Registration | | | |
| | Information Vor | ification | |
| | information ver | incation | |
| | YOUR APPOINTMENT IS NOT | ET COMPLETE | |
| | Please review all of the following If any of this information is incorrect, please click the | information. change button at the bottom of | |
| | each section to make any needed chan | ges to that section. | |
| | If All Information Appears Correct> | | |
| | Application Details | | |
| | Agency/Sector: Department Of Children and Families (DCF Fingerprint Reason: DCF Caregiver (Foster Parent) |) | |
| | | | |
| | To change any information in this section >>>> | Change Application Details | |
| | | | |
| | Appointment Details | | |
| | Quest Connect 160 North St. 1st floor. Suite 101 | | |
| | Pittsfield, MA 01201 United States | | |
| | Appointment Date: 04/28/2015 | | |
| | Appointment Time: 09:40 AM | | |
| | To change any information in this section >>>> | Change Appointment Details | |
| | Applicant Details | | |
| | Name | | |
| | Auas. | | |
| | Home Address 555 State Street | | |
| | United States | | |
| | Daytime Phone Number: 123-456-7890 | | |
| | Evening Phone Number | | |
| | Evening Phone Type | | |
| | Daytime Email | | |
| | Preferred Contact Method | | |
| | Preferred Contact Time: | | |
| | Date of Birth : 09/15/1977 | | |
| | Gender Female | | |
| | Weight 130 lbs. | | |
| | Race. White | | |
| | Eye Color: Brown | | |
| | Place of Birth: Georgia | | |
| | Citizen Country: United States Employer Name | | |
| | Employer Phone: | | |
| | Employer Address | | |
| | | | |
| | Employer Contact Name | | |
| | To change any information in this section >>>> | Change Applicant Details | |
| | | | |
| | If All information Appears Correct> | 90 | |
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| | Need to start over? | | |

If all of the information provided is correct, click the GO button at the top of the page.



If any of the Application Details are incorrect, click the Change Application Details button.



 If any of the Appointment Details are incorrect, click the Change Appointment Details button.

| To change any information in this section >>>> | Change Appointment Details |
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| | |

If any of the Applicant Details are incorrect, click the Change Applicant Details button.

| To change any information in this section >>>> Change Applicant Details | | | |
|---|--|--------------------------|--|
| | To change any information in this section >>>> | Change Applicant Details | |

COMPLETE REGISTRATION

Print a copy of the Registration Complete screen and bring the Registration Confirmation with you to your appointment.

| Registratio | n Complete |
|--|--|
| Register Another Applicant | |
| | Pri |
| Registration Compl | leted for Joe Tester |
| Appointment Details | |
| Location Leominster Archer Security 20 Main St Suite 20 | Appointment Date: 05/22/2015 Time: 07:45 AM |
| Leominster, MA 01453 United States | Registration ID B115000004H |
| Payment Details | |
| Reminders You will be required to show identification a | at your Fingerprinting appointment. |
| Acceptable forms of personal identification A <u>Driver's License</u> (issued by any state), <u>Pa</u> (issued by a state in lieu of a driver's license identification. | must be current and valid. assport, or <u>Photo Identification Card</u> e or military ID) are acceptable forms of |
| If an applicant is under 18 years of age and document, an original or certified copy of a Identification Card or U.S. Social Security c | I unable to present a primary identification U.S. Birth Certificate and a School ard are acceptable forms of identification. |
| For a complete list of accepted identification Forms & Links section, or follow this link: http://www.l1enrollment.com/state/forms/ma | n documents and requirements see the a/52f276b2e662d.pdf |
| | |

Registering by Phone

Although online registration is the best way to register for a fingerprinting appointment, you may also register by calling the MorphoTrust Massachusetts Customer Service Center toll free at (866) 349-8130. You will be asked the same information as required by the online registration process, so please have all information available to provide to MorphoTrust Massachusetts Customer Service Representative. Please note you will be provided with a **Registration ID number**, so please be prepared to record this number for future reference.

Rescheduling an Appointment

If you need to reschedule your fingerprinting appointment, you must do the following:

- Go to <u>http://www.identogo.com/FP/Massachusetts.aspx</u>
- Select I have an existing appointment I would like to change link at the bottom of the page.

| | | Welcome | |
|----------------------------|---|---|-------------------------------|
| Welco proces us at (| ome. The following pages your background cl (866) 349-8130 | ges will ask your for information needed to s neck. If you have problems or questions, fee | chedule and I free to call |
| | First Name Last Name | | Go |
| For Ex | kisting Appointments | tion and need to schedule an appointment | |
| [| I have an existing appointme | ent I would like to change. | |

- Enter either your email address or your Registration ID. If you don't have either or the website does not locate your record, please contact the MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 for assistance.
- Click Go.

| Edit Appointment |
|---|
| To change your appointment, please follow the instructions below. |
| Method 1 |
| Enter the email address provided during scheduling of the original appointment. The system will send you an email with a link to continue this process. Please Enter the Email Address: Go |
| |
| or |
| Method 2 |
| Enter your registration id (regid). Your registration id was provided on the last screen when your appointment was scheduled. |
| Please Enter Your Registration ID (regid): |
| |

Cancelling an Appointment

To cancel an appointment, you must call the MorphoTrust Massachusetts Customer Service Center toll free at (866) 349-8130. Before cancelling, you should be certain you do not need an alternate appointment.

Missed Appointments

If you miss your appointment, you can schedule a new appointment by visiting the MorphoTrust USA IdentoGO[™] registration web site and selecting the option to change your existing appointment. The website allows applicants to change appointment locations and times as necessary. Please follow instructions presented on the website. You may also contact the MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 to schedule a new appointment.

If you wish to cancel your appointment completely, please follow the instructions in the Cancelling an Appointment section above.

Rejection Notification

In some instances, an applicant's fingerprints are rejected by either the Massachusetts State Police or Federal Bureau of Investigation due to poor fingerprint quality.

If you receive a reject notification, you must do the following:

- Go to <u>http://www.identogo.com/FP/Massachusetts.aspx</u>
- Click I received a rejection notification and need to schedule an appointment link at the bottom of the page.

| Welcome. T | The following page | ges will ask your for informatior | n needed to schedule and |
|-----------------------------------|------------------------------|-----------------------------------|-----------------------------|
| process you us at (866) | ur background cl 349-8130 | heck. If you have problems or o | uestions, feel free to call |
| Firs | st Name t Name | | |
| | | | Go |
| | Lange an | | |

- Enter your email address, Registration ID, or Transaction Control Number (TCN) in one of the boxes provided. Please note the TCN is a unique thirteen (13) character alphanumeric field which is assigned to each civil fingerprint submission and is printed on the receipt provided at the conclusion of the fingerprint appointment. If you do not have the required information, or if the web site does not locate your record, please contact MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 for assistance.
- Click Go.

| Retake Appointment | | |
|---|--|--|
| To process a retake appointment follow the instructions below. | | |
| Method 1 | | |
| Enter the email address provided during scheduling of the original appointment. The system will send you an email with a link to continue this process. | | |
| Please Enter the Email Address: | | |
| Go | | |
| or | | |
| Method 2 | | |
| Enter your registration id (regid). Your registration id was provided on the last screen when your appointment was scheduled. | | |
| Please Enter Your Registration ID (regid): | | |
| Go | | |
| or | | |
| Method 3 | | |
| Please enter your Transaction Control Number (TCN). The number must be entered exactly. | | |
| Please Enter Your TCN: | | |
| Go | | |

Acceptable Forms of Identification

All applicants will be required to present an acceptable form of identification at the time of fingerprint capture at a MorphoTrust USA IdentoGO[™] Center. Acceptable forms of identification are as follows:

Primary Identification Documents

The following documents are acceptable forms of identification:

- Driver's License from any U.S. state or territory
- Valid State Identification Card from any U.S. state or territory
- U.S. Passport or U.S. Passport Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Foreign Passport with temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa
- Foreign Passport and Form I-94 or Form I-94A
- Employment Authorization Document which contains a photograph (Form I-766)
- U.S. Military Card with identifiable photograph.
- U.S. Coast Guard Merchant Mariner Document or Merchant Mariner Credential
- Transportation Worker Identification Credential
- Enhanced Tribal Card

All documents must include an identifiable photo, the applicant's full name, and date of birth. All documents must be verifiable and unexpired.

Applicants Under 18 Years of Age

If you are under eighteen (18) years of age and unable to present one of the primary identification documents listed above, you must provide an original or certified copy of a Birth Certificate issued by an authorized U.S. agency with an official seal or Certification of Birth Abroad (issued by U.S. Department of State) **AND** one of the following documents:

- School Identification Card (Public or Private School)
- School Record or Report Card
- Home Schooling Education Plan
- U.S. Social Security Card

Fingerprint Appointment

You are expected to visit a MorphoTrust USA IdentoGO[™] enrollment center at the scheduled date and time. You should be sure to have all required documentation and

identification with you, and should expect the fingerprinting process to take from 5-10 minutes. The Enrollment Agent onsite will verify your identity with the provided identification document, scan your identification to verify authenticity, verify all of your demographic data, and then proceed to fingerprint you using electronic scanning equipment. Any questions prior to or after the fingerprint appointment should be directed to the MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 or to DCF.

At the conclusion of your fingerprint appointment, you will be provided with a receipt. Please provide a copy of the receipt to your DCF Family Resource Worker. A single receipt will be provided to the applicant; please be sure to retain the copy and make an extra copy for your own files. Multiple copies will not be provided.

Contacting Customer Service

| For assistance with scheduling, rescheduling, | Phone: (866) 349-8130 |
|---|--|
| or cancelling an appointment, refunds, or | |
| directions to a MorphoTrust USA IdentoGO™ | |
| enrollment center. | |
| Monday-Friday 7:00 a.m. – 6 p.m. EST | |
| For assistance with obtaining a status or interpretation of your fingerprint-based criminal history check results. (NOTE : Please do not contact your DCF Family Resource Unit until 72 hours has passed since your fingerprints were taken at a MorphoTrust USA IdentoGO [™] enrollment center.) Monday-Friday 9:00 a m -5:00 p.m. EST | Contact your Family Resource Worker |