



HOW TO COMPLETE YOUR IN DCS ONLINE FORM

If you continue to have problems while completing the DCS form, please contact the state of Indiana at 1-800-225-9173 or email them at DCSHelpDesk@dcsln.gov

Indiana CPI/CPS Check for Department of Child Services (DCS)

This email is to inform you that an Indiana CPI or CPS Check was initiated for you. Please log in to the CPI/CPS Portal as soon as possible to complete the process. You will be required to provide additional information and consent to this request.

To enter the "CPI/CPS Portal" click [here](#).

To complete the CPI/CPS request, you will need the following.

- The last four digits of the Applicant's Social Security Number.
- The Password sent in a separate email from KidTraks@dcsln.gov. The password will remain active until you check the Consent box and click the Submit button at the bottom of the page.
- You have 20 days to consent to the request before the request expires. If the request expired before you are able to complete it, contact the Requesting Organization (below) to initiate a new Request.
- Previous address history, dating back to January 1, 1988 or the Applicant date of birth (whichever is more recent) with no gaps and overlaps.

You will receive 2 emails from KidTraks@dcsln.gov within **48 hours** of ordering your Background Check

- One will contain the link to begin your form (shown above)
- The other will contain your password (please copy exactly as it is)
- Your Username should be the last 4 digits of your Social Security Number

Log In & Get Started...

APPLICANT SECTION

Applicant		
Date of Birth (mm/dd/yyyy):		
Name (Full Name Required – no initials unless an initial is your legal first name)		
* Legal First Name:	Demographic Information	
* Legal Last Name:	Social Security Number:	
Suffix:	Gender at Birth: ☐ Male ☐ Female	
	Has your gender identity changed since birth? ☐ Yes ☐ No	
	Race (check all that apply): ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Other	
	Phone Number: Ext:	
	E-mail Address:	
	Confirm E-mail:	
	For additional information, click: Frequently Asked Questions (FAQs)	
Has Applicant ever used any other name, including different first, middle, or last name or combination of names? ☐ Yes ☐ No		
Examples of alternate names could be any of these: a nickname, a name prior to adoption, a maiden name, a name from a previous marriage, or a different name due to a name change.		

Verify Information:

Verify DOB is correct

Verify Name is correct

List middle name or initial in box (if no middle name check that box)

Demographic Information:

Answer all questions in this section and verify that your Social Security Number is correct

Answer Question has the applicant used any other names. (Yes or No)

If Yes Click on **Add Name** (in blue)

Select name type (ex. nickname)

Then list your name and **SAVE**.

Do this for each name that you have.

APPLICANT CURRENT RESIDENTIAL ADDRESS

Applicant Current Residential Address			
Street Address:	--Do Not Include PO Boxes--	City:	--Please Do Not Abbreviate--
* Country:	United States	* State:	IN
County:	--Required for Indiana Addresses Only--	Zip:	+ 4: (optional)
Date Moved In (mm/dd/yyyy):			

Select the county that you live in (ex. Hendricks County)

List the date you moved in (ex. 04/15/2005)

Has to be formatted just like the example

ADDRESS INFORMATION

Address Information

Please enter all past addresses dating back to either January 1, 1988 or your Date of Birth, whichever is most recent.

Example 1: If your Date of Birth is 06/05/1995, enter your past addresses dating back to June 1995.

Example 2: If your Date of Birth is 03/16/1963, enter your past addresses dating back to January 1988 (you can enter addresses from before 1988, but you are not required to).

Note: Address dates may NOT overlap or have any gaps in time between them, or else you will not be able to submit the form.

Add Address

Edit	Delete	*Address Type	*Moved In	*Moved Out	Street Address	*Indiana City	*State	Zip +4	*Indiana County
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Click on **Add Address** (in blue)

A new box will appear (if one does not pop up, then date is not in correctly above in current address portion) New box will say All Past Addresses

All Past Addresses ×

Please list all Indiana Counties and States of Residency.

Required fields are marked with an *

Begin with the most current residence working backward until the month/year of birth.

* Address Type:

Country:

Street Address:

* Indiana City:

* State:

Zip Code: + 4: (optional)

* Indiana County:

*** Date Moved In:**
Month Year

*** Date Moved Out:**
Month Year

Please explain special or unusual situations:

Select address type = 'Residents Past'

If you lived in the state of Indiana you will do the following:

Fill In

- City
- County
- Move-In date
- Move-out date
- **No street addresses are needed**

Ex.

City Avon

County Hendricks

Move in May 1996

Move out April 2005

Then **SAVE** it.

If You Have Lived Out of State:

You will change the State from IN to the state you lived in (Ex. IL)

Then list move in and move out dates **No street addresses are needed** If you lived

out of the Country:

You will change the Country from the United States to the country you lived in (Ex. Greece)

Then list move in and move out dates **No street addresses are needed**

You will continue this process working backwards from the date that you listed in Applicant Current Residential Address until you reach January 1988, or your Date of Birth whichever comes first.

Once add address portion is complete:

Check the box that I hereby consent and submit the form.

Then click **SUBMIT**.

Congratulations! You are Done!



I hereby consent to the release of information regarding a
understand that a person who knowingly or intentionally u

Submit Cancel

If you get a Validation Error:

Scroll through the form and look for the words Required Field. It will be next to what needs to be corrected. Or you will need to look at your address history, the Error could be there. Make sure dates match up.