

## myDHR User Account Instructions

Thank you for submitting your request to process for CPS Background Clearances access through the myDHR portal. Please review the following checklist to ensure successful navigation within the CPS Portal

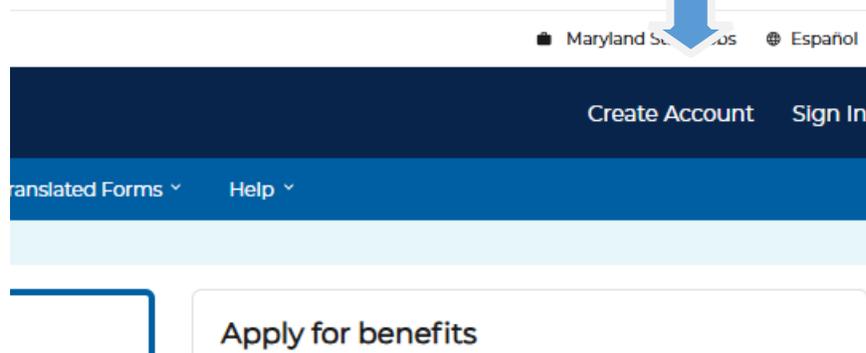
### System Check

- The Portal applications can only be processed on a tablet, laptop, or desktop computer. Applications cannot be processed on a cell phone.
- Turn off Pop-up Blocker (required to download applications)
- Access the portal using Google Chrome or Microsoft Edge
- Make sure that your Internet connection is secured (https://)

Select the following links to create a CPS background Clearance Portal Account

<https://mymdthink.maryland.gov/home>

Select “Create Account” next to “Sign In”



Click the **Create Account** button to begin the account registration process.



### Account Registration

If you are just getting started, you can create an account to apply for benefits. To create an account you'll need access to an email account.

With an MDThink account you can:

- Apply for some services (Child Support, Food, Cash, Energy, Medical, Assistance for older adults and people with disabilities)
- Get information on your case
- Manage your account information

Let's get started with an MDThink account



## Please make note of the following important guidelines:

### Create an account

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Who is applying? \*

I'm applying for myself or my family

I'm applying on behalf of someone else

Continue

[< Go Back](#)

### Create an account

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Username \*

Please use the same email address on record for active cases if you already have any with the Maryland Department of Human Services.

Your username will be the email you provide

Enter email

Please re-type your email

Confirm email

Password \*

Enter Password

Password

Please re-type your password

Confirm password

Continue

### Create a password that complies with the rules

Password \*

- ✔ Must be between 9 and 15 characters
- ✔ Contain at least one number (0-9)
- ✔ Contain at least one uppercase (A-Z)
- ✔ Contain at least one lowercase (a-z)
- ✔ Contain at least one special character (-!@#\$\$%^\*\_+=[\]{}|;':>\*)
- ✔ The new password must not contain your Username

Enter Password

.....

Please re-type your password

.....

Continue

[< Go Back](#)

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Follow these helpful arrows to complete registration.

Select “Yes” for “Are you applying for yourself?” and enter your address, address, and phone number.

Adhere to the Password Rule: 14-character minimum 20 characters maximum, combination of two capital letters, two lower case, two numbers, and two special characters (cannot contain “&” or “+”) Note: Do not include and character sequences that resemble your name or email address.

**The system will not prompt you to correct errors to the rule, so you must be sure to create your password correctly!**

Complete the required fields as indicated with a red (\*) as shown below.

Tell us about yourself

What's your name

First Name \*

Middle Name

Last Name \*

Suffix

When were you born?

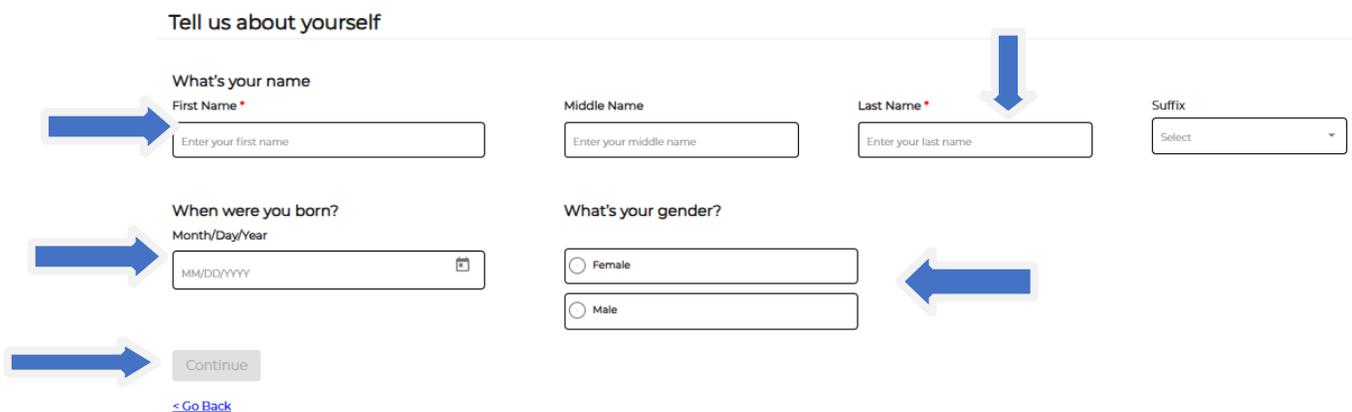
Month/Day/Year

What's your gender?

Female

Male

[< Go Back](#)



Enter:

- First Name
- Last Name
- Date of Birth
- Gender

Select “Continue” to advance to the next screen

SKIP the following screen

## Where are you currently living?

I don't have a permanent address

What's your home address?

Apt

City

State

Zip code

My home address is different than my mailing address

Continue

Skip



## Completing the contact section is optional

### How would you like to be contacted?

Providing phone number is optional, providing it can help you if you need to reset your password. It can also help us contact you in a more timely manner.

What's your mobile phone number?

What's your home phone number?

What's your work phone number?

Which one is your primary phone?

Create Account



[< Go Back](#)

After completing the mandatory fields click the **Create Account** button

The screen will refresh with a notification displaying the following screen:

The screenshot shows the Maryland.gov logo at the top left. Below it is a dark blue banner with the text "WELCOME TO myMDTHINK". Underneath the banner is a navigation bar with links: Home, Department of Human Services, Department of Health, Maryland Health Connection, Find a Local Office, and Translated F. Below the navigation bar are two links: "Replace my EBT Stolen Benefits" and "Apply for Maryland SUN Bucks".

## You've successfully created your account

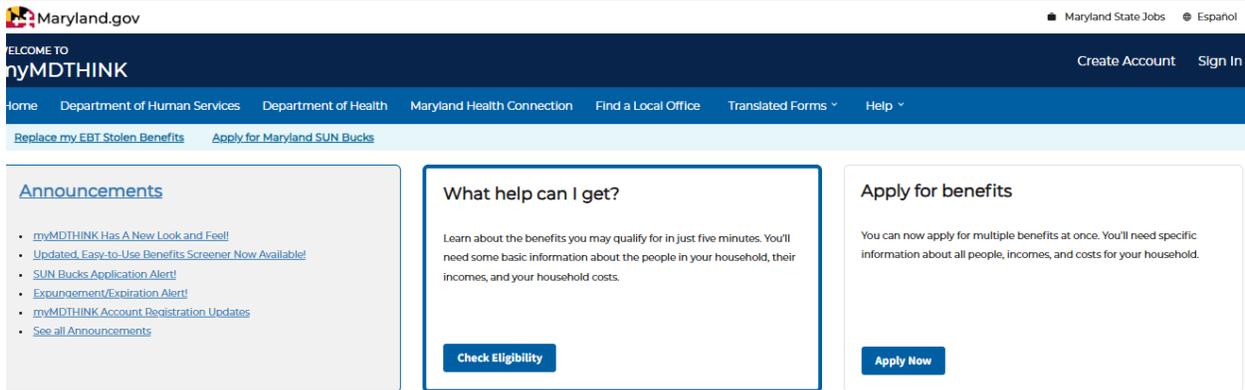
Next steps:

- ▶ Activate your account. You should've received an email with a link.
- ▶ Login to your account and start your benefits application.

An activation link will be sent to your email address from [identity@mymdthink.maryland.gov](mailto:identity@mymdthink.maryland.gov) with the Subject line **myMDTHINK Account Activation Notification**. Click on the link in the email to activate your

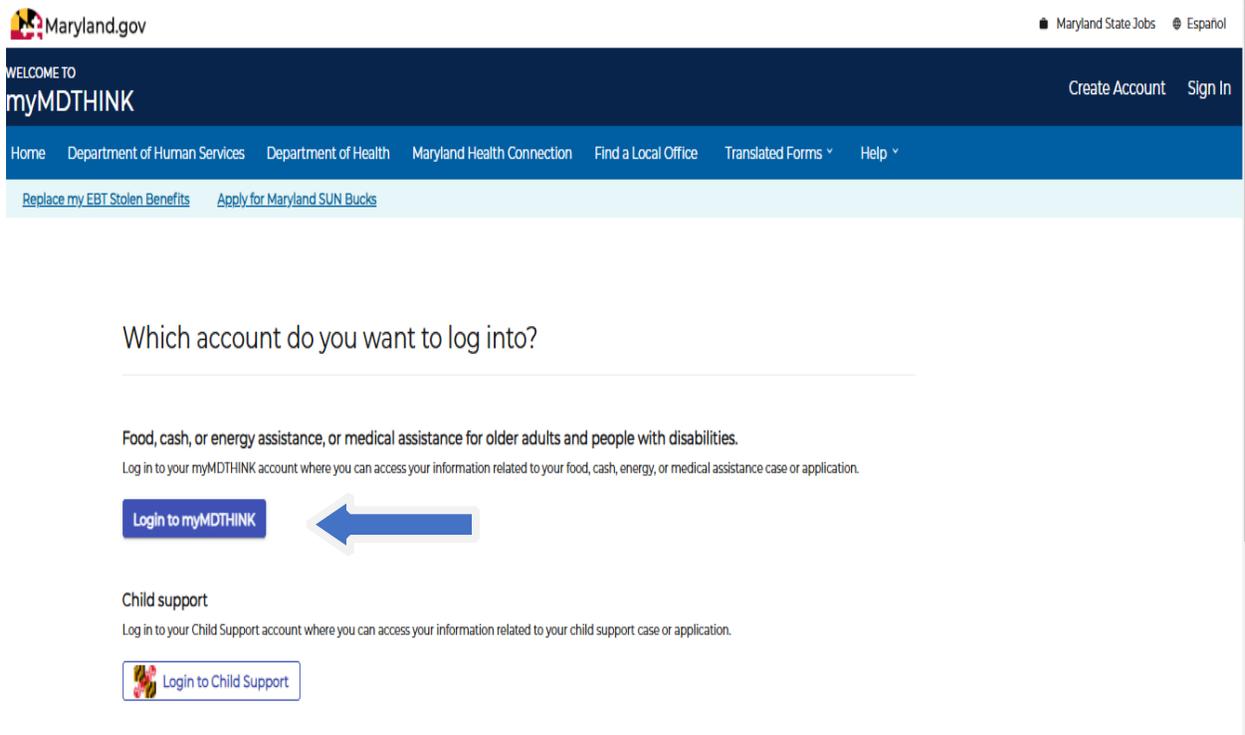
account, then follow the prompts to register and Sign into the myMDTHINK Consumer Portal as shown below.

A Passcode will be sent to your email which is valid for 5 minutes. Please enter it in the Passcode field. Once you click Submit Passcode you will be logged into the myMDTHINK Consumer Portal. Select “Sign In”



The screenshot shows the myMDTHINK homepage. At the top, there is a navigation bar with the Maryland.gov logo, "WELCOME TO myMDTHINK", and links for "Create Account" and "Sign In". Below this is a secondary navigation bar with links for "Home", "Department of Human Services", "Department of Health", "Maryland Health Connection", "Find a Local Office", "Translated Forms", and "Help". A light blue banner contains links for "Replace my EBT Stolen Benefits" and "Apply for Maryland SUN Bucks". The main content area is divided into three columns: "Announcements" with a list of links, "What help can I get?" with a "Check Eligibility" button, and "Apply for benefits" with an "Apply Now" button. A blue arrow on the right points to the "Sign In" link in the top navigation bar.

Select the “Login to myMDTHINK” button



The screenshot shows the login selection screen. At the top, there is a navigation bar with the Maryland.gov logo, "WELCOME TO myMDTHINK", and links for "Create Account" and "Sign In". Below this is a secondary navigation bar with links for "Home", "Department of Human Services", "Department of Health", "Maryland Health Connection", "Find a Local Office", "Translated Forms", and "Help". A light blue banner contains links for "Replace my EBT Stolen Benefits" and "Apply for Maryland SUN Bucks". The main content area has the heading "Which account do you want to log into?" followed by two options: "Food, cash, or energy assistance, or medical assistance for older adults and people with disabilities." with a "Login to myMDTHINK" button, and "Child support" with a "Login to Child Support" button. A blue arrow on the right points to the "Login to myMDTHINK" button.

Enter your email address and password

## Login to Your Account

**Username:**

**Password:**



[I've forgotten my password](#)

**SIGN IN**

[Create an account](#)

[Sign-In Help Videos](#)

A passcode may be sent to your email inbox. Enter the passcode and submit the passcode

Enter Passcode

Submit Passcode

Resend Passcode

[Forgot Password?](#)

Under **Services**, click on Organization Employee Clearance

WELCOME TO myMDTHINK 0 Notifications

Home Department of Human Services Department of Health Maryland Health Connection Find a Local Office Translated Forms Help

[Replace my EBT Stolen Benefits](#)

**What help do you need?**  
Learn about the benefits available to you and the people in your household. It only takes a few minutes. You'll need some basic information about the household costs.

- Food Assistance
- Cash Assistance
- Medical Assistance
- Energy Assistance
- Child Support
- Re-Entry Passport
- Organization Employee Clearance

**Apply for benefits**  
You can now apply for multiple benefits at once. You'll need specific information about all people in your household.

[Apply Now](#)

Hello Eddie

**Services** | **View Your Program Details** | **Upload Documents** | **Manage Your myMDTHINK Account** | **Get More Information**

## To start a new CPS Employment Background Clearance Application, select "Organization Employee Clearance"

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity, and more!

Home

Messages

Applications

Account

### Start a New Application

Family Investment

Report A Change

Redetermination

Emergency Assistance

Child Support

Organization Employee Clearance

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

Select "Youth Camp Worker Volunteer". Select "County" for the Camp location. Select "City" for the camp location. Select the camp's name for the Agency. Select the camp address for the Agency location. The Agency Representative, Representative's Email, and Representative's Phone Number will auto-populate.

Part 1: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.
- 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- |   |   |   |
|---|---|---|
| <input type="radio"/> Adoption*               | <input type="radio"/> CASA                        | <input type="radio"/> Youth Camp Personnel Administrator*       |
| <input type="radio"/> Foster Care             | <input type="radio"/> Custody Evaluation          | <input checked="" type="radio"/> Youth Camp Worker/Volunteer* ← |
| <input type="radio"/> Kinship Care            | <input type="radio"/> Day Care Center             | <input type="radio"/> Individual Clearance*                     |
| <input type="radio"/> International Adoption  | <input type="radio"/> Family Day Care             | <input type="radio"/> Other (Specify)                           |
| <input type="radio"/> School Personnel*       | <input type="radio"/> Community Mgmt. Entity      |   |
| <input type="radio"/> Institutional Employee* | <input type="radio"/> DHS Child Placement Agency* |   |

County \*  City \*

Agency/Individual Name \*  Name Of Agency Representative

Agency Address  Representative's Phone Number

Representative's Email

Have you lived in Maryland in the past?  Yes  No      Have you worked or volunteered in Maryland in the past?  Yes  No

If Yes to either question, from what years

Back    Next

The response for the remaining application refers to the Applicant.

County \*  City \*

Agency/Individual Name \*  Name Of Agency Representative

Agency Address  Representative's Phone Number

Representative's Email

Have you lived in Maryland in the past?  Yes  No      Have you worked or volunteered in Maryland in the past?  Yes  No

If Yes to either question, from what years

Back    Next

Applicant's response

Applicant's response

Applicant must indicate what years for the previous Yes response.

Select "Next to advance to page 2.

# Complete all fields that apply

State of Maryland-Child Protective Services Program  
CONSENT FOR RELEASE OF INFORMATION  
CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 2: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME *	FIRST NAME *	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME
<input type="text" value="Last Name"/> <small>Last Name is required</small>	<input type="text" value="First Name"/> <small>First Name is required</small>	<input type="text" value="Middle Name"/>	<input type="text" value="Maiden/Birth Name"/>
SOCIAL SECURITY NUMBER *	<input type="checkbox"/> don't have SSN		
<input type="text" value="Social Security Number"/>			
Date Of Birth *	Gender	RACE *	
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Please Select One.."/>	<input type="text" value="Please Select One.."/> <small>Race is required</small>	
OTHER NAMES USED			
<input type="text" value="Other Names"/>			
NUMBER	STREET NAME *	UNIT TYPE#	CITY *
<input type="text" value="Numb"/>	<input type="text" value="Street Name"/>	<input type="text" value="Unit Type#"/>	<input type="text" value="City"/>
STATE *	ZIP CODE *	COUNTRY *	
<input type="text" value="Maryland"/>	<input type="text" value="Zip Code"/>	<input type="text" value="United States"/>	
DAYTIME TELEPHONE NUMBER *	EMAIL ADDRESS *		
<input type="text" value="Phone"/>	<input type="text" value="Email Address"/>		

NOTE: If you do not have a Social Security Card, check the “don’t have SSN” box, select the available document from the Document Type, scan and add the document with file name of the uploaded document type.

State of Maryland Child Protective Services Program  
CONSENT FOR RELEASE OF INFORMATION  
CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

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PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

Part 2: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME *	FIRST NAME *	MIDDLE NAME (Full)	MATCH/BIRTH NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Last Name is required</small>	<small>First Name is required</small>	<small>Unusable Name</small>	<small>Unusable/Child Name</small>

SOCIAL SECURITY NUMBER	<input checked="" type="checkbox"/> don't have SSN	Document Type *	File Upload *
<input type="text"/>		<input type="text"/>	<input type="text"/>
<small>Social Security Number</small>		<small>Please Select One...</small>	<small>Add</small>

Date Of Birth *	Gender
<input type="text"/>	<input type="text"/>
<small>MM/DD/YYYY</small>	<small>Please Select One...</small>

OTHER NAMES USED

NUMBER	STREET NAME *
<input type="text"/>	<input type="text"/>
<small>Number</small>	<small>Street Name</small>

STATE *	ZIP CODE *
<input type="text"/>	<input type="text"/>
<small>Maryland</small>	<small>Zip Code</small>

DAYTIME TELEPHONE NUMBER \*

Phone

Are you married? \*  Yes  No  
This above question is required

Do you have any children? \*  Yes  No  
This above question is required

PROR ADDRESSES (List all within the past 7 years in Maryland)

Acceptable documents in lieu of a Social Security Card:

- Birth Certificate
- Employment Authorization Document (AED) for I-766
- Government Issued Identification providing proof of identity and age
- Letter from the Department of Social Security handling your case
- Passport
- Proof of Social Security
- Real ID
- Unaccompanied Minor/Unaccompanied Person Letter from Homeland Security

# Marital Status:

- If the Applicant is married the following information must be provided:

Are you married? \*  Yes  No

## CURRENT SPOUSE

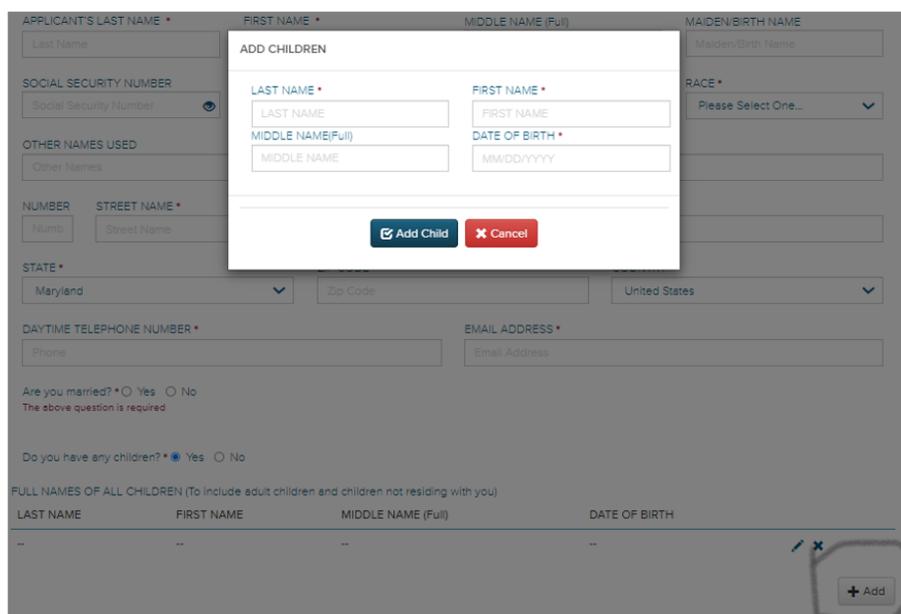
LAST NAME \*

FIRST NAME \*

MIDDLE NAME(Full)

DATE OF BIRTH \*

If the Applicant respond “Yes” to having children, select the +Add button and enter the Full Name and Date of Birth for each child



APPLICANT'S LAST NAME \*  
Last Name

SOCIAL SECURITY NUMBER  
Social Security Number

OTHER NAMES USED  
Other Names

NUMBER \*  
Number

STREET NAME \*  
Street Name

STATE \*  
Maryland

Zip Code

United States

DAYTIME TELEPHONE NUMBER \*  
Phone

EMAIL ADDRESS \*  
Email Address

Are you married? \*  Yes  No  
The above question is required

Do you have any children? \*  Yes  No

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH
--	--	--	--

+ Add



# Prior Addresses

- The Applicant must enter all prior addresses within the past 7 years only. Select the +Add button and add the address(es) and Dates. Select “Save” to complete the form.

Other Names

NUMBER STREET NAME •

NUMB Street Name

STATE •

Maryland

DAYTIME TELEPHONE NUMBER •

Phone

Are you married? •  Yes  No  
The above question is required

Do you have any children? •  Yes  No  
The above question is required

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	FROM DATE	TO DATE
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+ Add

Back Save



# Download and print the application and select the "Back to Home" button

Home **New Application** Account

Your application has been successfully saved.

Please use the application number C202325018 for future reference.

Please view/download the application using the 'DOWNLOAD' button below.

[Back To Home](#) [Download](#)

(Please disable your POPUP BLOCKER in order to view or download the application)



# Print and Review the application for accuracy before Notarization.

State of Maryland-Child Protective Services Program  
**CONSENT FOR RELEASE OF INFORMATION**  
**CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST**

\*\*\*\*\*PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT\*\*\*\*\*

Application Number : C202325018  
 Date Entered : 11/13/2023

**Part I: PURPOSE OF SEARCH**

**A. RELEASE TO SELF:**

1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.  
 2. To determine if I have any remaining appeal rights.

**B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:**

Adoption  School Personnel  Day Care Center  Youth Camp Personnel Administrator  
 Foster Care  Institutional Employee  Family Day Care  Youth Camp Worker/Volunteer  
 Kinship Care  Child  Community Based Entity  Other (Specify):  
 International Adoption  Custody Evaluation  DHS Child Placement Agency

Agency/Individual Name: Baltimore Adolescent Treatment Organization, Inc. Name of Agency Representative: Yvonda Leighton  
 Agency Address (To include street # and name, unit type and #, city, state and zip code): Representative's Phone Number  
 10141 Park Drive Suite 8102 Baltimore MD 410 802-2882  
 Representative's Email: Yvonda.Leighton@maryland.gov

**Part II: SEARCH INFORMATION** (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME FIRST NAME MIDDLE NAME (if U) Maiden/Birth Name  
 Sex:  Male  Female RACE: Native American  
 SOCIAL SECURITY NUMBER DATE OF BIRTH SEX RACE  
 10141202 01/19/70 Male Female Native American  
 OTHER NAMES USED:  
 NUMBER STREET NAME UNIT TYPE# CITY STATE ZIP CODE COUNTRY  
 015 Cabot St Baltimore Maryland 21202 USA  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 410 506-1212 Nathaniel.Madden@maryland.gov  
 CURRENT SPOUSE  
 LAST NAME FIRST NAME MIDDLE NAME (if U) DATE OF BIRTH  
 Sex: Name: 2001989  
 FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)  
 LAST NAME FIRST NAME MIDDLE NAME (if U) DATE OF BIRTH  
 Sex: Baby 11/12/2020  
 Have you lived in Maryland in the past?  Yes  No Have you worked or volunteered in Maryland in the past?  Yes  No  
 If you're in other questions, from what year? 2022

Application Number : C202325018

**PRIOR ADDRESSES** (List all within the past 7 years in Maryland)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE FROM	DATE TO
01	N. Belmont St.	Baltimore	Maryland	21223	12/07/89	02/15/1995

**Part III: AUTHORIZATION**

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHRS) to notify Baltimore Adolescent Treatment Organization, Inc. (agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for indicated child abuse or neglect in any report maintained by the Maryland Department of Human Resources, any local department of social services, and Child Protective Services.

\*\*\*\*\*STOP\*\*\*\*\*REVIEW THAT ALL SECTIONS ARE COMPLETE\*\*\*\*\*  
 \*\*\*\*\*PRINT THIS FORM BEFORE PROCEEDING TO PART IV\*\*\*\*\*

**Part IV: SIGNATURE** (If Applicant is under age 16, must be signed by Applicant's parent/guardian) DATE

(Print name of signature above)

**PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC**

City/County of: \_\_\_\_\_ State of: \_\_\_\_\_  
 Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC  
 My Commission expires: \_\_\_\_\_

The printed application should be Notarized, or an Attestation must be indicated in the Notary section. The completed application should be mailed or preferably securely emailed to the Agency Representative.

Each Applications created is saved to the user's account. Note: when submitting a application to a camp, only submit the application created in the current year (i.e. C20250317 is an application create on March 17, 2025). Do not print and submit applications created from a previous year.

Emergency Assistance      Child Support      Organization Employee Clearance

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

#### My Saved Applications

Type	Last Updated	
School Personnel	02/27/2025	<a href="#">Resume Application</a>
Youth Camp Worker/Volunteer	02/18/2025	<a href="#">Resume Application</a>
Youth Camp Personnel Administrator	01/23/2025	<a href="#">Resume Application</a>
Youth Camp Worker/Volunteer	06/13/2024	<a href="#">Resume Application</a>
DHS Child Placement Agency	12/14/2023	<a href="#">Resume Application</a>

To exit the portal, select you name on the sign in tab and select Sign Out.

The screenshot shows the user interface of the myDHR Account Page. At the top right, there is a navigation bar with links for Home, Translate to Spanish, Español, Other Languages, and Help. A user profile tab for 'Nathaniel' is also present. Below this, a 'myDHR Account Page' header contains a 'Sign Out' button, which is highlighted with a blue arrow. The main content area includes a greeting 'Hello, Nathaniel!' and a welcome message. A secondary navigation bar contains links for Home, Messages, Applications, and Account. The 'Start a New Application' section features six buttons: Family Investment, Report A Change, Redetermination, Emergency Assistance, Child Support, and Organization Employee Clearance. A note below these buttons explains the use of the Emergency Assistance application. A large blue box contains the instruction: 'Hover over the buttons above for a brief description of the application.' The 'My Saved Applications' section displays a table with columns for Type and Last Updated, showing one application for 'School Personnel' updated on '02/27/2025', with a 'Resume Application' button.

Home Translate to Spanish Español Other Languages Help Nathaniel

myDHR Account Page

Sign Out

Hello, Nathaniel!

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHS services, monitor your case status(es), manage your case activity, and more!

Home Messages Applications Account

Start a New Application

Family Investment Report A Change Redetermination

Emergency Assistance Child Support Organization Employee Clearance

Emergency assistance application should be used to apply for assistance with Eviction/Foreclosure, and assistance with 1st month rent, Utilities shut off and Burial Assistance.

Hover over the buttons above for a brief description of the application.

My Saved Applications

Type	Last Updated
School Personnel	02/27/2025

Resume Application