Georgia Department of

APPLICANT BACKGROUND CHECK

You received this form because you are required to complete a Georgia Department of Behavioral Health and Development Disabilities (DBHDD) background check. Follow the instructions below to submit your background check request to the provider. le a alv al ala The provid <u>_1</u>.

In	e provider will review and <i>may</i> submit your background check r	requ	uest to DBHDD.	
	Provider Name		Provider Code	
	ACUMEN FISCAL AGENT, L	LC.	C RK23Y	
1.	Go to the <u>CheckPT</u> Portal and select the portal for Applicants at <u>https://DBHDDcheckPT.com/Applicant</u> .	h. E o d	 h. Enter any different names you have used, like maiden names or aliases. Enter any different social security numbers or dates of birth used (very rare). Once added, if applicable, click on "Add this name or alias". Select "Next". If not applicable, leave blank and select "Next". i. Read and acknowledge each statement on the Release of Information (ROI), check all boxes, and select "Next". At the bottom of the ROI page is a statement related to privacy rights. Select the link "Privacy Rights". This will open a new window. Read the privacy rights information. Navigate back to CheckPT and check the box to acknowledge that you have read the privacy rights. Select "Next". j. Review all information on the Application Summary and be careful to ensure all information was entered correctly. Incorrect information will result in the delay of your ability get fingerprinted and possibly hired. After you have reviewed the information, check the box "The above information habeen reviewed by me and is true and correct". Select "Finish." Selecting "Finish" will submit your application to the selecting "Finish" will submit your applicatio	
2.	 Create an Account If you have not created an account before: a. Select "Register as a new user." b. Enter your account information. Select "Register." c. Check your email for an email with the temporary password. 			
3.	Login Login using your username which is your email address and the temporary password received. You will be prompted to change your password and choose three security questions and answers.			
4.	Terms and Conditions Read and accept the Terms and Conditions. Select the "I accept the Terms and Conditions of the End User License Agreement" checkbox and then select the "Accept" button.			
5.	 Enter Application Information Select "Create Application" on the home screen. Enter Provider Code RK23Y in the provider number field and click "Search". If the correct provider is displayed, click "Continue Application." If an incorrect provider is displayed, contact the provider that gave you this form. Enter your demographic information including all required fields and select "Next". 		the provider for their review.k. If you selected "Finish" and any of your information was incorrect, you will need to contact the provider directly.	
		• Check your email You will receive an email when the provider submits your background check request to Idemia. The email will come from IDEMIA/IdentoGO and includes a unique tracking number (specific to you) called a Universal Enrollment Identification		

- d. Take a picture of your Identification Document (state issued driver's license, state issued identification card, US armed forces ID, passport, or visa). Select the type of identity document and select "Upload Document". Find the picture/file, select it, and enter the name of the document, for example, GA Driver's License. Click "Upload", then select"Next".
- e. Enter your Physical Address as it appears on your Identification and click "Next".
- f. Enter your mailing address if it is different from your physical address. If it is the same, check the box "Mailing Address is same as Permanent Address", and select "Next".
- g. If you have lived in a different state in the last 5 years, enter that information and click "Add this previous address". If you have not lived in a different state in the last 5 years, check the box "I have not lived in another State during the specified time frame", and select Next.

If you have questions, please reach out to the appropriate department below.

(UE ID). The email includes a link to IdentoGO.

Community Providers Provider HR