



Youth CAMP Clearance System (YCCS)

Training Slide Deck – Camp Employees / Volunteers

April 26, 2017



myDHR – Registration / Login

- Public User registers online with myDHR and logs in to apply for summer CAMP Clearance



myDHR Account Sign In

Email *

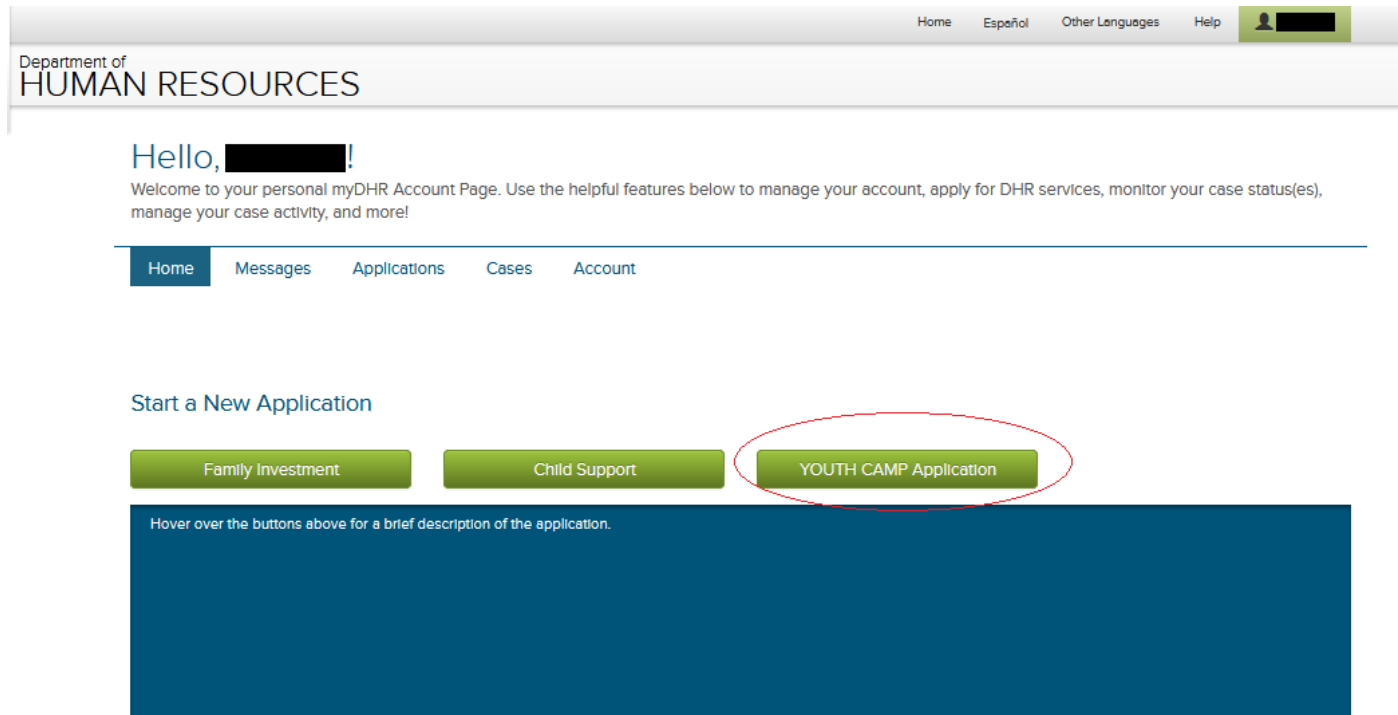
Password *

Remember my email on this device

Sign In

Accessing Youth Camp Application

- Public User registers online with myDHR and logs in to apply for summer CAMP Clearance>clicks on **YOUTH CAMP APPLICATION** button to apply for Clearance



The screenshot shows the user interface of the myDHR system. At the top right, there are navigation links for Home, Español, Other Languages, and Help, along with a user profile icon. The main header identifies the user as being in the Department of HUMAN RESOURCES. A personalized greeting 'Hello, [redacted]!' is followed by a welcome message and instructions on how to use the account page. Below this is a horizontal menu with options: Home (selected), Messages, Applications, Cases, and Account. The 'Start a New Application' section features three buttons: 'Family Investment', 'Child Support', and 'YOUTH CAMP Application'. The 'YOUTH CAMP Application' button is highlighted with a red circle. A dark blue box below the buttons contains the text: 'Hover over the buttons above for a brief description of the application.'

Creating a New Application Cont...

- YCCS - Application Types
 - Youth CAMP Worker/Volunteer
 - Youth CAMP Personnel Administrator

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 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"/> Institutional Employee	<input type="radio"/> Community Mgmt. Entity
<input type="radio"/> Foster Care	<input type="radio"/> CASA	<input type="radio"/> Group Home/Residential Treatment Facility
<input type="radio"/> Kinship Care	<input type="radio"/> Custody Evaluation	<input checked="" type="radio"/> Youth Camp Personnel Administrator*
<input type="radio"/> International Adoption	<input type="radio"/> Day Care Center	<input checked="" type="radio"/> Youth Camp Worker/Volunteer*
<input type="radio"/> School Personnel	<input type="radio"/> Family Day Care	<input type="radio"/> Other (Specify)

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

Creating a New Application Cont...

- Public User fills in the Application online>selects the CAMP County, City and the associated CAMP Site for the Youth Camp Worker/Volunteer role

Department of
HUMAN RESOURCES



State of Maryland-Child Protective Services Program
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- Custody Evaluation
- Day Care Center
- Family Day Care
- Community Mgmt. Entity
- Group Home/Residential Treatment Facility
- Youth Camp Personnel Administrator*
- Youth Camp Worker/Volunteer*
- Other (Specify)

County *

Howard County

Agency/Individual Name *

Y CAMP AT DANCEL

Agency Address

4331 MONTGOMERY RD , ELLICOTT CITY, MD, 21043

Representative's Email

██████████@hotmail.com

City *

ELLICOTT CITY

Name Of Agency Representative


Camp Admin

Representative's Phone Number

3213213213

Creating a New Application Cont...

- Public User responds “Yes” or “No” to the following questions on the Application>If “Yes”, user enters the duration
 - Have you lived in Maryland in the past?
 - Have you worked or volunteered in Maryland in the Past?

Department of HUMAN RESOURCES 

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<input type="radio"/> School Personnel	<input type="radio"/> Family Day Care	<input type="radio"/> Other (Specify)

County *
Howard County

City *
ELLCOTT CITY

Agency/Individual Name *
Y CAMP AT DANCEL

Name Of Agency Representative
Camp Admin

Agency Address
4331 MONTGOMERY RD., ELLICOTT CITY, MD, 21043

Representative's Phone Number
3213213213

Representative's Email
[REDACTED]@hotmail.com

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

Creating a New Application Cont...

- Public User fills in the search information in Part 2 of the Application
- Public User must respond to the marital status question ***Are you married?*** on the Application>If “Yes”, user enters Spouse information

Department of
HUMAN RESOURCES

State of Maryland-Child Protective Services Program
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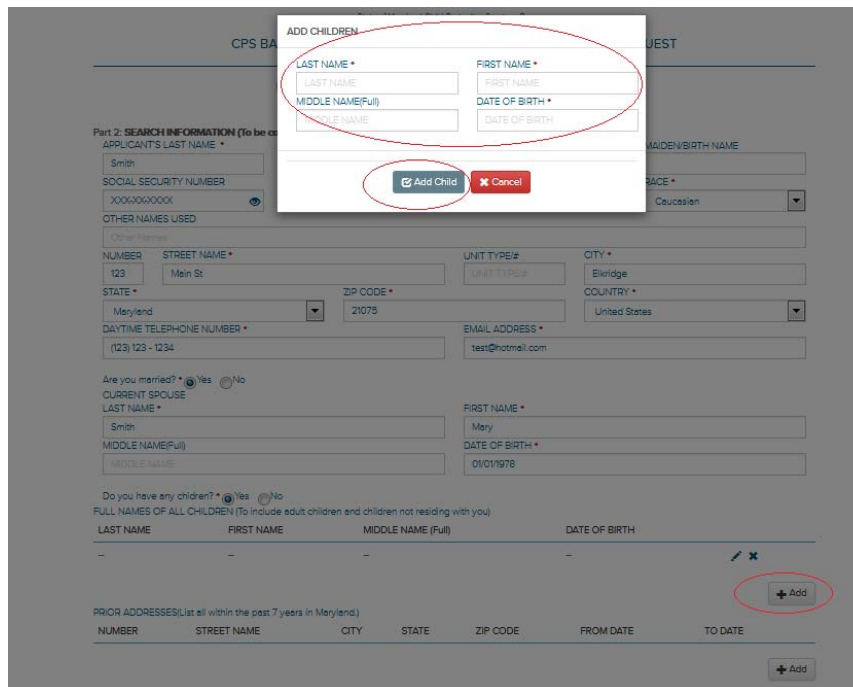
PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT

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)	MAIDEN/BIRTH NAME
Smith	John	middle Name	
SOCIAL SECURITY NUMBER	Date Of Birth *	SEX	RACE *
XXX-XX-XXXX	01/01/1977	<input checked="" type="radio"/> Male <input type="radio"/> Female	Caucasian
OTHER NAMES USED			
Other Names			
NUMBER	STREET NAME *	UNIT TYPE/#	CITY *
123	Main St	UNIT TYPE/#	Elkridge
STATE *	ZIP CODE *	COUNTRY *	
Maryland	21075	United States	
DAYTIME TELEPHONE NUMBER *	EMAIL ADDRESS *		
(123) 123 - 1234	test@hotmail.com		
Are you married? * <input checked="" type="radio"/> Yes <input type="radio"/> No			
CURRENT SPOUSE			
LAST NAME *	FIRST NAME *		
Smith	Mary		
MIDDLE NAME(Full)	DATE OF BIRTH *		
	01/01/1978		
MIDDLE NAME			

Creating a New Application Cont...

- Public User must respond to the marital status question ***Do you have any children?*** on the Application>If “Yes”, user enters Children information by clicking “Add”



ADD CHILDREN

LAST NAME * FIRST NAME *

LAST NAME FIRST NAME

MIDDLE NAME(Full) DATE OF BIRTH *

DATE OF BIRTH

Add Child Cancel

Part 2: SEARCH INFORMATION (To be completed by applicant)

APPLICANT'S LAST NAME *

Smith

SOCIAL SECURITY NUMBER *

XXXXXXXXXX

OTHER NAMES USED

Clear Names

NUMBER STREET NAME * UNIT TYPE/# CITY *

123 Main St UNIT TYPE# Elkridge

STATE * ZIP CODE * COUNTRY *

Maryland 21075 United States

DAYTIME TELEPHONE NUMBER * EMAIL ADDRESS *

(123) 123 - 1234 test@hotmail.com

Are you married? * Yes No

CURRENT SPOUSE

LAST NAME * FIRST NAME *

Smith Mary

MIDDLE NAME(Full) DATE OF BIRTH *

MIDDLE NAME: 01/01/1978

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
-	-	-	-

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

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	FROM DATE	TO DATE
-	-	-	-	-	-	-

Add Add

Saving the New Application

- Public User completes the online Application and clicks SAVE

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

SOCIAL SECURITY NUMBER Date Of Birth * SEX Male Female RACE *

OTHER NAMES USED

NUMBER STREET NAME * UNIT TYPE/# CITY *

STATE * ZIP CODE * COUNTRY *

DAYTIME TELEPHONE NUMBER * EMAIL ADDRESS *

Are you married? * Yes No

CURRENT SPOUSE LAST NAME * FIRST NAME *

MIDDLE NAME(Full) DATE OF BIRTH *

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
Smith	Tony		January 01, 2011

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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Back

New Application – Confirmation and Print

- Application # is generated which is displayed in message. Please make a note of this application #
- Application sent to the selected CAMP Personnel Administrator queue
- Public User can download pdf copy of the Application clicking “Download”.
- Print the downloaded Application to get it Notarized and submit the Original to the Camp Personnel Administrator.

Your application has been successfully saved.

Please use the application number C201744341 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)

Viewing Applications and Reprinting

Maryland.gov

Hello, Campworker!

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

Home Messages **Applications** Cases Account

Active Applications Family Investment Child Support **Camp Employee Clearance**

Camp Employee Clearance

Use the functions below to manage your applications for Camp Employee Clearance.

Applications

[Start Camp Employee Clearance](#)

Application#	Application Type	Camp Name	Status	Date	
C201728038	Youth Camp Personnel Administrator	DHMH - CENTER FOR HEALTHY HOMES AND COMMUNITY SERVICES	Under Review	May 17, 2017	Print Application

1) Click on the Application

2) Then Click on the Camp Employee Clearance

This will now show you all the applications that were entered by this DHR user.

3) You can Print the application again or continue the application.

The details show the Application number, Type, Camp name, the Current status and the Date the application was saved