

DFPS

Getting Started: DFPS Case Connection for CASA

A step-by-step guide to obtaining access to the child's case information in Case Connection

Department of Family and Protective Services 9/14/2016

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Getting Started in Case Connection Introduction to the Getting Started Guide

This document will tell you everything you need to do in order to start using Case Connection. The graphic below shows at a high level what steps you need to take to begin using the Case Connection application. Typically you will only need to do the first and second step once. The third step will be completed only when you are assigned to a new case. Once completed, all you'll need to do is login to Case Connection to access information about the children to whom you are assigned.



Roles

CASA Staff will need to complete these steps in order to obtain access to Case Connection.



Step 1: Request Case Connection Access

1A: Register for a Portal Account

1. Open your internet browser and navigate to <u>https://hhsportal.hhs.state.tx.us/iam/portal/DFPS/</u>

CASE CONNECTION Getting Started: DFPS Case Connection for CASA

HS Enterprise Portal A		
Department of Family and Protective Services		
System Use Notification	Sign In	
Warning: This is a Texas Health and Human Services information resources system that	Username	
acknowledge and agree that you have no right of privacy in connection with your use of	Password	
the system or your access to the information contained within it. By accessing and using this system you are consenting to the monitoring of your use of the system, and to security assessment and auditing activities that may be used for law enforcement or	Sign In	Forgot Username? Forgot Password?
other legally permissible purposes. Any unauthorized use or access, or any unauthorized attempts to use or access, this system may subject you to disciplinary action, sanctions, civil penalties, or criminal prosecution to the extent permitted under applicable law.	New to the portal?	
	Click here to sign Acceptable	Use Agreement (AUA)
Broadcast Message(s):		
The HHS Enterprise Portal is a secure, easy-to-use interface for accessing or requesti assets.	ng access to dozens of state applicat	tions, services, and View Details
④ IT Forms ^와 and EIAM ^와 pages have moved. Please update your bookmarks		View Detail:
Help 🥙 Supported Browsers FAQs Contact U	Js Internet Policy	

- NOTE: Since you have not used the portal before, you will not yet have a Username and Password. Your first step will be to register as a new user.
 - 2. Click the **Register Here** button. The *Self-Registration questions appear*. Select - I work for a Non-HHS Government Agency or Private Organization.
 - 3. Enter the Company ID (also known as an EIN Number for your local CASA organization) and click the **Next** button.

HHS Enterprise Portal		
TEXAS Health and Hu	man Services System	(LAST
Self Registration 🧿		
I am an HHS Employee. I work at HHS as a Contractor, T I work for a Non-HHS Governme	emporary Worker, Volunteer, or Intern. nt Agency or Private Organization. Enter your Organization's Employer Identification Number (EIN) without hyphens.	
Enter EIN*		
Re-enter EIN*		
	Search for Organization	
		Cancel Next

Field	Definition
Company ID	Type the 9-digit EIN number of your CASA local
	organization. Click on the Search for Organization link to
	locate the ID corresponding with your CASA organization.

4. Complete the required fields on the data entry screen then click the **Next** button.

TEXA Departr	S nent of Family and Protective Services		
equest Access; No	on-HHS Agency/Private Organization Employee		
 Personal Information 			
Prefix	•		
First Name* B	3ob		
Middle Name			
Last Name* S	Smith		
Suffix			
Preferred Name B	Bob		
Personal Email b	smithxxx@xxx.com		
Enterprise Portal Info	rmation		
Username	Bsmith1234%	0	Usemame can contain a.z. A.Z. or 0.9
User Type	Partner Employee		Usemame can contain the following spacial characters
Organization Name	e CASA of South Texas		 A grean checkmaix means your selected usemame is available. A red (x) means your selected usemame is unavailable.
Agency Information			
Work Email*	bob.smithxxx@xxx.com		
Confirm Work Email*	bob smithxxx@xxx com		
Work Phone*	### ### #### extension		
Work Fax No	- <u></u>		
Work Location Inform	vation		
Physical Address 1	555 Smith Rd		
Physical Address 2			
Physical City	Austin		
Physical State	TX	•	
Physical Zip Code	75555		
	Same as Physical Address		
Mailing Address 1	555 Smith Rd		
Mailing Address 2			
Mailing City	Austin		
Mailing State	TX	*	
Mailing Zip Code	75555		
			Back

Field	Definition
First Name	Enter your legal and full First Name.
Last Name	Enter your legal and full Last Name.
User Name	Type the screen name you wish to use. Choose a user name and type it in this field. You may use letters only, or a combination of letters, numbers and/or special characters indicated on the screen (and @).
Work Email Address	Type your work email address
	IMPORTANT: Make sure you enter your email address correctly. Approval/denial of your request will be sent to you via this email address.
Work Phone	Enter your work telephone number in XXX-XXX-XXXX format.

5. The system displays a message that your request has been received. Click the **Done** button. You will be returned to the login page.

HHS Enterprise Portal 🔺		
TEXAS Health and Human Services System	(*)	(LAST)
Self Registration		
You're almost done! Please check your email for a message detailing further instructions to co spam folder as it may have been redirected there. Your privacy is important. Please close this Done	proplete your registration. If you don't receive the email within several m window to complete your session.	ninutes, please check your

6. You will receive an email informing you that your request has been sent to the approver. The approver will review your request and will update the status within 10 calendar days. You must wait until request is approved before moving forward.

Figure 2: Sample email stating that your request for portal access has been received.

Your request to access the HHS Enterprise Portal has been sent to the first level approver(s) at your organization for action. You will receive a new status within 10 calendar days.

If you have any questions regarding this request, please contact any of the approvers at your organization.

7. Receive the email approving or denying your request. If approved, the approval email will include a temporary password and a request to log into the portal to change the temporary password.

Next you will use the portal to request access to Case Connection. Once approved for Case Connection, you will log onto the portal to access Case Connection in order to view case information.

Figure 3: Sample email approving access to the portal

Your request to access HHS Enterprise Portal as the employee of CASA of South Texas has been processed and you have been granted access.

You must logon to the Portal using the Username and one-time password in this email to complete the process and set up your permanent password. Please follow this link: <u>https://hhsportal.hhs.state.tx.us/iam/portal/DFPS/</u> to logon to Portal using the following information:

Username: trzwatson Password: Washers5

Please note that the password can only be used one time. If you have any questions regarding how to complete this action, please contact Identity Management Testing Support at <u>IdentityManageTest@hhsc.state.tx.us</u>.

NOTE: While it's unlikely, it could take up to 20 days to hear whether the request has been approved. The decision will be sent via email to the email address indicated during registration.

If for some reason no action is taken on your access request within a specified period of time, the request will be automatically rejected. If this occurs, contact your CASA IAM Rep for assistance. You may be instructed to make another request.

1B: Request Access to Case Connection

 Open your internet browser and go to the following webpage: <u>https://hhsportal.hhs.state.tx.us/iam/portal/DFPS/</u>. Enter the Username and Password as it appears on the email you received, and then click the Login button.



NOTE: The Computer Use Agreement appears. The Agreement should be read in full prior to continuing.

2. Complete the fields at the bottom of the screen as indicated in the table below and click the **Next** button.

Place review and arrests in the terms of the Arcentable Lice Arrestment. You must seen! to the and of the arrestment to enable the checkbox	
Prease reven and agree to the cents of the Acceptable Ose Agreement. For most scron to the and of the agreement to analy the orientation.	
For the surgese of this document "HHS" 'HHS Agency' or 'HHS Agencies' include the Health and Human Services Commission Department of Aging and Disability Services. Department of Family and	~
Protective Services. Department of State Health Services, Department of Assistive and Rehabilitative Services, and/or any successor agency or component part thereof.	
Definitions can be found in the HHS Enterprise Information Security Definitions (http://thisoc.htisc.texas.gov/il/policies-and-guidelines ⁽⁴⁾). HHS Privacy Policies and Procedures and the HHS Human Resources. Manual (http://thics.thics.state.tx.us/httPRM/contents.htm ⁽²⁾).	
[1] As defined in HHS EIS-Definitions document.	
Section 2054 003(7), Texas Government Code	
Information resources "means the procedures, equipment, and software that are employed, designed, built, operated, and maintained to collect, record, process, store, retrieve; display, and transmit information, and essociated personnel including consultants and contractors."	
And as defined in [44 U.S C.; Sec. 3502]. NIST SP 800-63 rev 4.	
Information and related resources, such as personnel, equipment, funds, and information technology.	
[2] HHS security policy, standards, and controls can be found at	
http:///thsc.thsc.toxas.gov/ii/policies.and.guideSned®	10
(3) http://htscx.bhsc.texas.gov/it/policies-and-guidelines@	
[4] http://bhscx.bhsc.texas.gov/if/policies-and-guidolines9	~
N by crecking this box and typing my name below, Lacknowledge that Least and understool the agreement, and Lagree to Comply with its terms.	
Provide an electronic signature by entering your first and last name 👩 :	
First Name Red	

Field	Definition
I agree to all terms stated within this Agreement	Check the box to indicate agreement with the terms of the Computer Use Agreement.
Please enter your First Name	Enter your legal and full First Name.
Please enter your Last Name	Enter your legal and full Last Name.

3. Select a new password following the password rules on the right-hand side of the screen, then click the **Next** button.

HHS Enterprise Portal 🖙	
TEXAS Health and Human Services System	
Change Password	
You must change your password to continue.	Password Rules
	3 The password should not be empty.
	There should be at least one upper case letter.
NAV PASWORD	O There should be at least one lower case letter.
Confirm New Password	O There should be at least one number.
	There should be at least one non-alphabetic characters from the following: i@#\$56^&"()_+ ~=``()[]:7);
Cancal Next	Ø Minimum length of the password should be 8 characters.
Calicei	Maximum length of the password should be 16 characters.
	At least four characters in the new password must be different from the current password.
	Both new password fields should contain the same data.
	8 the password should not be the same as the username.
	🚖 The password should not be the same as your First name or Last name.
	The password should not be the same as the last 6 passwords used.
	🚖 The password will expire after 90 days and must be changed after expiration.

Field	Definition
New	Follow the password rules on the right-hand side of the
Password	screen to create a password, and then type it in the "New Password" Field.
Confirm Password	Retype your new password.

NOTE: You will receive an email indicating that your password has changed

Figure 4: Email you will receive after you change your password

This is to notify you that password for Tara RZ Watson has been changed. If you have any questions, please contact Identity Management Testing Support at <u>IdentityManageTest@hhsc.state.tx.us</u>. 4. Complete the Profile page and press the Next Button

Parka Image and the state state st	Health ar	nd Human Services System	
ds appearing with an ablema' cannot be left empty. Perote for finantian in the internation Period Red Period Red Subital Red Subit	Profile		
Personal Endermation Personal Endermation Personal Endermation Last Num*' Hein Last Num*' Hein Basting Personal Endel Personal Endel Desmam*' mendigi 1224 User Type' Partice Templogie Organization Num Woke Faulty Milling Colors Vick Instrumt Personal Endel Desmam*' mendigi 1234 User Type' Partice Templogie Organization Num Vick Endel Imming Addess 1 Physical Addess 1 Physical Addess 1 Maling Addess 2 Maling Addess 3 Maling Addess 4 Maling Addess 5	lds appearing with an	asterisk* cannot be left empty.	
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Fish Name' Red Mode Name Image: South Im	Prefix	V	
Midde Name Image: Comparison of Constant Consta	First Name*	Red	
Last Name Hen Suite Image: Suite Suite Preferem Name Image: Suite Suit	Middle Name		
Suft	Last Name*	Hen	
Petered Name Personal Email Enterptice Portal Information Enterptice Portal Employee Organization Name Colden Creasent CASA Agency Information Work Raw M men carrington@dfps state tx us for the difference for the differenc	Suffix		
Personal Enal Exterprise Portal Lor Users mei friendig 1234 User Tyse* Partner Employee Organization Name Golden Crescent CASA Apercy Information Immie.carrington@dfpo.state tx.us Work Enal* gamie.carrington@dfpo.state tx.us Work Enal* gamie.carrington@dfpo.state tx.us Work Fax No \$12.555-1234 Jub Tise gamie.carrington@dfpo.state tx.us Vork Location Information Immie.carrington@dfpo.state tx.us Vork Location Information Immie.carrington@dfpo.state tx.us Physical Address 1 Immie.carrington@dfpo.state tx.us Physical Address 2 Immie.carrington@dfpo.state Physical Address 2 Immie.carrington@dfpo.state Maling Address 2 Immie.carrington@dfpo.state Maling Address 2 Immie.carrington@dfpo.state Maling State Immie.carrington@dfpo.state	Preferred Name		
Enterprise Portal Information Username* intendi@1234 User Type' Partner Employee Organization Name Golden Crescent CASA Agency Information Work Enal* granic carrington@dfpos state tx us Signer Size55-1234 Vork Fhare* 512-55-1234 Vork Fhare* 512-55-1234 Vork Fhare* 512-55-1234 Vork Fhare* 512-55-1234 Vork Fore* 512-55-	Personal Email		
Username ihend@1234 User Type Partner Employee Organization Name Golden Crescent CASA Agency Information Work Emain jamic carrington@dfps state tx us Work Frank jamie carrington@dfps state tx us Work Frank jamie damie d	Enterorise Portal Info	ormation	
User Type* Particer Employee Organization Name Golden Crescent CASA Apency Information Work Email* jamic carrington@dfps state tx us Work Email* jamic arrington@dfps state tx us Work Email* jamic arrington@dfps state tx us Work Fanal* jamic arrington@dfps state tx us Physical Address 1 Physical Address 2 Physical State Physical Address 2 maling State Maling State Maling State Maling State	Homeset	deard@1724	
user type r=attwet Enlpacytee Organization Name Golden Crescent CASA Agency Information immie carrington@dfps state tx.us Work Enall* famie carrington@dfps state tx.us Work Fax No ####################################	Usemame*	mena@1234	
Agency Information Agency Information Work Email* jamic atrington@dfbp state tx us Work Fax No ####################################	User Type*	Partner Employee	
Agency Information Work Email jamile: carrington@dfps state.tx us Work Privane 512-555-1234 Work Fax No iiiiiii iiiiiiiiiiiiiiiiiiiiiiiiiiiii	Organization Name	Golden Crescent CASA	
Work Email* jamie carrington@dfps.state.tx.us Work Phone* 512-555-1234 Work Fax No ####################################	Agency Information		
Work Prione* 512-555-1234 Work Fax No ####################################	Work Email*	jamie.carrington@dfps.state.tx.us	
Work Far No ####################################	Work Phone*	512-555-1234	
Job Tile Component Code Work Location Information Physical Address Physical Address Physical Address Maling Address Maling State	Work Fax No	<i></i>	
Component Cole Work Location Information Physical Address 1 Physical Address 2 Physical State Physical State Same as Physical Address Malling Address 2 Malling Address 2 Malling State Malling State Malling State	Job Title		
Work Location Information Physical Address 1 Physical Address 2 Physical State Physical State Same as Physical Address Isame as Physical Address Malling Address 2 Malling State Malling State Malling State Image State	Component Code		
Physical Address 1 Physical Address 2 Physical Address 2 Physical Address 1 Same as Physical Address 1 Maling Address 1 Maling State 2 Maling State 2 Maling State 2 Maling State 2	Work Location Inform	nation	
Physical Address 2 Physical State Physical State Physical State Physical State Same as Physical Address Mailing Address 1 Mailing Address 2 Mailing State Mailing State Mailing State Mailing State	Physical Address 1		
Physical Chy Physical State Physical Zip Code Same as Physical Address Mailing Address 2 Mailing State Mailing State Mailing State Mailing State	Physical Address 2		
Physical Zip Code Physical Zip Code Same as Physical Address Mailing Address 2 Mailing Address 2 Mailing State Mailing State Mailing State	Physical City		
Physical Zip Code Physical Address Mailing Address 2 Mailing Address Mailing State Mailing State Mailing State	Physical State		
Same as Physical Address Mailing Address 1 Mailing Address 2 Mailing Chy Mailing State Mailing Zip Code	Physical Zip Code		
Mailing Address 1 Mailing Address 2 Mailing City Mailing State Mailing Zip Code		Same as Physical Address	
Mailing Address 2 Mailing City Mailing State Mailing Zip Code	Mailing Address 1		
Mailing City Mailing Zip Code	Mailing Address 2		
Mailing State 💌 Mailing Zip Code	Mailing City		
Mailing Zip Code	Mailing State	(v
	Mailing Zip Code		
			Cancel

5. Security Questions appear: Select three questions from the drop down menus on the *Security Questions* screen. For each security question selected, type your answers, and then retype them in the fields provided. *Press the Next Button.*

TEXAS Health and Human Services System			(*)	(LAST
Security Questions				
To help ensure the security of your HHS Er	terprise Portal account, choose three que	stions and provide your answers below.		
Question *	What is your favorite pet's name?			
Response *				
Confirm *				
Question *	What is your favorite sport?	V		
Response *				
Confirm *				
Question *	Who was your favorite teacher?	V		
Response *				
Cordian *				
				Cancel

NOTE: If you ever lose your password, you will be asked the security questions you choose on this screen before you can recover it.

Field	Definition
Response	Type your response to the question indicated above.
Confirm	Retype your response to ensure it was entered correctly.

NOTE: The Profile Page appears

6. Complete the additional fields on the Profile Page and Press the Next Button

	iu ruman services system	
Profile	~~	
kts appearing with an	asterisk* cannot be left empty	
Personal Information		
n.c. T	101	
First Name1	2an	
Filled to Alasta	100	
Lact Name	ten	
Suffy	-	
Preferred Name		
Personal Email		
Caracter Lines		
Enterprise Portal Info	rmation	
Usemame*	rhend@1234	
User Type*	Partner Employee	
Organization Name	Golden Crescent CASA	
Agency Information		
Work Email*	jamie.carrington@dlps.state.tx.us	
Work Phone*	512-555-1234	
Work Fax No	nan nan nann	
Job Title		
Component Code	V	
Work Location Inform	ation	
Physical Address 1	2323 Ridgepoint Dr	
Physical Address 2		
Physical City	Austin	
Physical State	TX	
Physical Zip Code	78764	
	Game as Physical Address	
Mailing Address 1	2323 Ridgepoint Dr	
Mailing Address 2		
Mailing City	Austin	
Mailing State	TX	3
Mailing Zlp Code	78764	

You are now on the Self Service Tasks screen and may request access to Case Connection.

7. Click the "Manage Access" hyperlink.

HHS Enterprise Portal 🟫	Welcome, Red Hen! Sign Out
Health and Human Se	rvices System Home My Profile My Orders >
My Access	My Notifications
Manage Access	
View Agreements	The HHS Enterprise Portal is a secure, easy-to-use interface for accessing or requesting access to dozens of state applications, services, and assets. View Details
My Applications	
Report Abuse test	
Report Abuse uat	
Report Abuse train	

8. Select the **Case Connection** checkbox, and then click the **NEXT** button.

TEXAS Health and Human S	ervices System			(LAS Home My Profile My Orders 🍞
My Access	Select Items			
Manage Access View Agraements	Select up to 15 items. Access Name	Description	Search Username I	Agency:
My Applications	ABCS	DFPS Automated Background Check System	^	
Report Abuse vat	CAPPS	Centralized Accounting & Payroll/Personnel System		Business Applications
Report Abuse train	Case Connection	DFPS Case Connection - Development Environment		Database Access
	Case Connection - SysTest	DFPS Case Connection - System Test Environment		File System Access Reporting Applications
	Case Connection - UAT	DFPS Case Connection - UAT Environment		Server Access
	CSIL	DADS Consolidated Services Interest List		Desktop Applications
	EBT Archive	Electronic Benefits Transfer - Data Archive System		Network Access
	C EFTServer	Globalscape Security file transfer		Workspace
	ESP	Eligibility Service Portal (Formerly OFS)		Show all categories
	C FVNet	Family Violence Integrated Tracking System	~	Clear category mers
	-		Cancel Next	Selected Items 1. Case Connection - SysTest

9. The self-service page appears. More information is needed for this request. Click on the Information Request hyperlink:

HHS Enterprise Portal 🔒						Welcome, Red Her	n! Sign Out
TEXAS	Services System			(a	*	Home Libb Deaths Libb	(LAST
The free of the fr	critics system				1000	Home I My Pronie I My	Orders H
My Access	Review Order						
Manage Access							
View Agreements						Emp	pty Cart
My Applications	Item Name	Request Type	Submitted For	l Sta	itus 🕴		
Report Abuse test	Case Connection - SysTest	New Access	Red Hen	2	<u> </u>	Information Required	ŵ
Report Abuse uat				100	Re	turn To Lict	t Order
Report Abuse train					Re	auto to List	it order

10.Complete the Required fields and press the Next Button

HHS Enterprise Portal 🔒	Welcome, Red Hent Sign
TEXAS Health and Human S	Services System Home My Profile My Orders 7
My Access	Provide Information: DFPS Case Connection - System Test Environment (Case Connection - SysTest)
Manage Access	
View Agreements	Complete the following information before submitting your request.
Mu Annlingting	First Name:
Provide a construction of the construction of	Reg
Report Abuse test	Middle Name:
Report Abuse uat	
Report Abuse train	Last Name:
	Date of Birth: * Do you have Social Security Number (SSN)? @ Yes ○ No Meentification No: * PID Comments: (Maximum character length is 250)
	Back

11. The Self Service Page appears, notice the Status field has a green checkmark. Press the Submit Order Button to complete the request.

HHS Enterprise Portal 🖙						Welcom	e, Red Hen!	Sign Out
TEXAS Health and Human S	Services System				(*)	Home N	ly Profile My ((LAS1) Dirders) 💭 🕻
My Access	Review Order							-
Manage Access								
View Agreements							Emp	y Cart
My Applications	Item Name		Request Type	Submitted For		Status	1	
Report Abuse test	Case Connection - SysTest		New Access	Red Hen		0	Edit	前
Report Abuse uat								
Report Abuse train	Wi understand that by submitting this o	rder I am agre	eng that all information in ear	ch request is true and necessary.	Re	turn To List	Submit	Order

NOTE: The Confirm Page Appears

HHS Enterprise Portal 🔒					Welcome, Red Hen!	Sign Ou
TEXAS Health and Human S	Services System				Home My Profile 1	(LAS' Wy Orders 🍹
My Access	Confirmation					
Manage Access						
View Agreements	Thank you!	_				
My Applications	Your Order Number is 1005624.	submitted. A confirmation email will be sent to Please use this number in any correspondence	you shorily. regarding this order.			
Report Abuse lest	We'll keep you updated via email	alerts regarding your order; but you can also ch	neck for updates by visiting the My Or	iders link at the top of the page	ž.	
Report Abuse uat	Request Number	Item Name	Request Type	Submitted For	St	atus 🔰
Report Abuse train	356352213438321883	Case Connection SysTest	New Access	Red Hen		0
					Back To	Home

12. Review Status- My Notification page will give details on the status of your request.

HHS Enterprise Portal 🔒		Welcome, Red Henl	Sign Out
Health and Human S	ervices System	Home My Profile A	(LAST) dy Orders 🎾
My Access	My Notifications		
Manage Access			
View Agreements	Access request for Case Connection - SysTest was approved by your Supervisor and routed for further action.	View Dotals	Dismiss
My Applications	Sectors request for Case Connection - SysTest was granted by the Provisioner	View Details	Dismiss
Report Abuse test	SAccess request for Case Connection - SysTest is awaiting Supervisor approval.	View Details	Diamisa
Report Abuse wat	It The HHS Enterprise Portal is a secure, easy-to-use interface for accessing or requesting access to dozens of state applications, services, and	assets. Vi	ew Details
Report Abuse train			

13. Click the **Log Out** hyperlink to exit.

Notifications are sent via email once your request to obtain access to Case Connection has been approved.

Once Case Connection access is approved, the next step will be to obtain access to case information for the specific cases to which you are assigned.

Step 2: Background Check



Submit Background Check

- 1. The Request for Case Connection access will be sent automatically for processing. If a Background Check is needed the system will send an email to complete the Background Check form.
- 2. Receive email (see **Figure 5**). The email will contain a link to complete the Background check form.

Figure 5: Email for CASA Background Checks. This email states the link to complete **Background Check.**

A background check request has been initiated on your behalf through DFPS' Automated Background Check System. If you received this email by mistake, please contact <u>abcstest1@yahoo.com</u>

Please keep in mind the following BEFORE selecting the hyperlink to submit your background check request:

- The hyperlink is a one-time use. Once you select the hyperlink, you must enter all applicable fields and submit the background check request. You will not be able to save your work and return to the hyperlink.
 Please allot approximately 10 minutes to enter your background check information.

- The hyperlink can only be accessed by you. The hyperlink is only valid for seven (7) calendar days from the date the email was sent. · If you still require a background check request and the hyperlink has expired or is no longer working,
- please contact abcstest1@yahoo.com

You must have the following information available BEFORE you select the hyperlink:

- First, Middle and Last Name, (include Alternate Names: Aliases, Maiden Name(s), Nicknames) Social Security Number (SSN) OR Valid Alternate Identification (if SSN has not been issued to you). Other Valid Alternate Identification forms of ID include:
 - o State Issued ID

o Driver's License #

o Military ID

o Permanent Residency Card #

- o Passport #
- Date of Birth
- Gender
- Current Address, City, State, County and Zip code
- Primary Phone Number Primary E-Mail
- · Birth City and State
- Previous Addresses
- Out of Country Addresses
 Felony or Misdemeanor Charges and/or Convictions (if any) Allegations of Abuse, Neglect or Exploitation from any state protective agency (if any)
- Role/Job Duty

By selecting the hyperlink below, you can begin the process of submitting your own criminal and/or abuse and neglect background check information.

https://168.40.172.228/dfpstest/portal/abcs/ssrequest?subjectRequest=guep9o74fn5s8jr5ucvor4lqv4

Sincerely Texas Department of Family and Protective Services

After clicking the hyperlink you will be navigated to the Background Check form within the HHSC Portal:

CASE CONNECTION Getting Started: DFPS Case Connection for CASA

-	t of Family	and Protect	ive Services			
						1162
Resource Name : Ca Resource ID : 25 Contract ID : 24 Email Address : ab	sa Background Che 199107 122431 cstest1@yahoo.com	ecks				
Backgroun	d Chec	k Reque	est			
Please click the link be	low to review the p	oolicy, expectation	s, and/or requirements	related to background check re	requests processed by DFPS.	
Name	ackground_checks					
name						
* First Name:	Snickers		Middle Name:		* Last Name: Bar	
Maiden Name:			Suttix:	~		
Alternate Na	me(s)					
Alternate First Name:			Alterna	ate Middle Name:		
Alternate Last Name:				Alternate Suffix:	~	
					Add	
Social Secur If you have been issued a result is valid. If you do n * Do you have	ity Numb social Security N ot have a SSN, you a Social Security f	CT umber (SSN), it mu u must enter a vali Number? 〇 Ye	ist be provided to ensu d alternate number type s O No	ire the background check e.		
Social Secur If you have been issued a result is valid. If you do n * Do you have State Identifi	ity Numb social Security N ot have a SSN, you a Social Security I cation	CC umber (SSN), it mu u must enter a valii Number? ○ Ye	ust be provided to ensu d alternate number type s O No	ire the background check e.		
Social Secur If you have been issued a result is valid. If you do n * Do you have State Identifi State ID Type:	ity Numbe social Security N of have a SSN, you a Social Security N cation	CC umber (SSN), it mu u must enter a vali Number? ○ Ya	Ist be provided to ensu d alternate number type s O No No ID #:	ire the background check e.	ID State:	
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CASE CONNECTION Getting Started: DFPS Case Connection for CASA

Contract Information	
* External User Type: CASA Y * Role/Job Duty:	
Department ID: Requisition Number:	
HHSC Purchase Order Number:	
* Eligible for DFPS Case Connection? O Yes O No	
Current Address	
Contact Information	
* Primary Phone Type: Y	555-555-1234 Primary Extension:
Secondary Phone Type: Secondary Phone	555-555-1234 e: Secondary Extension:
example@email.com example@email * Email: jamie.carrington@dfps.state * Confirm Email: jamie.carrington	il.com n@dfps.state
	Next>>

After completing the form and selecting next a submission section appears. Select the Acknowledgement checkboxes and press the Submit Button





Once Background check is complete the Designated approver will complete the approval process for access to the Case Connection Application.

Step 3: Obtain Access to Case Information

This section explains how to obtain access to case information in Case Connection.



1. Receive email notification regarding Case Connection account approval.

Figure 6: Email approval for Case Connection access

From: IdentityManageTest@hhsc.state.tx.us Sent: Thursday, August 14, 2014 1:16 PM To: <end User> Subject: Request for Access to Case Connection

Your request for access to Case Connection - UAThas been approved. You can now login to the application by going to the DFPS Portal:

https://hhsportal.hhs.state.tx.us/iam/portal/DFPS/

If you have any questions regarding this request, please contact your Designated IAM Representative.

 Inform CPS that CASA has been appointed to the case. Provide Letter of Introduction to the CPS Caseworker to verify Court appointment to the case. CPS will assign access to your case(s) in Case Connection. Once assigned, you will be able to see your case information in Case Connection.

It should take four business days for CPS to process your request. Refer to the Case Connection User guide for instructions on how to access Case Connection after you have been granted access to case information.

Appendix A: EIN Numbers/Company IDs for CASA Programs

CASA Program Name	CASA EIN # (aka, 'Company ID')
CASA of Titus, Camp and Morris	463266537
Voz de Ninos	260727707
Voices For Children Inc., CASA of Brazos Valley	742970407
Voices for Children – CASA of Galveston County	760121011
Tri-County CASA	742999054
North Star CASA	752433987
Lone Star CASA, Inc.	742425980
Lake Country CASA	752337216
Hill Country CASA	742551029
Great Plains CASA for Kids, Inc.	861072436
Golden Crescent CASA	742743738
Frontier CASA	743006649
Fannin County Children's Center (CASA & CAC)	752461256
East Texas CASA	752417151
Dallas CASA	751866204
Child Advocates CASA of Red River	480984043
Child Advocates, Inc.	760111456
Child Advocates San Antonio	742494625
Child Advocates of Montgomery County	760333595
Child Advocates of Fort Bend	760337426
CASA 69	752064047
CASA/San Angelo	752401001
CASA of Wise & Jack Counties	043676938
CASA of Williamson County	264371605
CASA of West Texas	752871945
CASA of Walker County	753166877
CASA of Trinity Valley	752564380
CASA of Travis County	742369123
CASA of the South Plains	752482631
CASA of the Rolling Plains	202993718
CASA of the Pines, Inc.	752620080
CASA of the Permian Basin Area, Inc.	752272391
CASA of the High Plains	752546406
CASA of the Coastal Bend	742631146
CASA of Tarrant County	751895412
CASA of Southeast Texas	760337759
CASA of South Texas	742917551

CASA Program Name	CASA EIN # (aka, 'Company ID')
CASA – Hope for Children, Inc.	205027578
CASA of Northeast Texas	752352271
CASA of North Texas	752794068
CASA of Navarro County	752945124
CASA of McLennan & Hill Counties	741860195
CASA of Matagorda and Wharton Counties	760501690
CASA of Liberty/Chambers Counties	270666017
CASA of Johnson County	760725453
CASA of Hood & Somervell Counties	752766222
CASA of Hidalgo County	742722553
CASA of Harrison County	412243393
CASA of Grayson County	752476105
CASA of Ellis County	201499005
CASA of El Paso	741950407
CASA of Denton County, Inc.	752417472
CASA of Deep East Texas	205196671
CASA of Collin County	752391961
CASA of Central Texas	742403373
CASA of Cameron & Willacy Counties	742713912
CASA of Brazoria County	742203509
CASA of Bell & Coryell Counties	742840698
CASA of Bastrop County	742522961
CASA in the Heart of Texas	752878711
CASA for the Highland Lakes Area	742606851
CASA for the Cross Timbers Area	481255158
CASA for Kids of South Central Texas	205177957
CASA for Kids of East Texas	752319553
CASA for KIDS	752714118
CASA for Hunt County	760707819
Brush Country CASA	742992670
Bluebonnet CASA	300117462
Big Country CASA	752720588
Amarillo Area CASA	752560069
Advocates for Children Inc.	760414882