Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in state law. There is a one-time registration fee of $14.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, a $1.25 processing charge will be added to your fee.

To register online you will need:

- Internet access
- Your Social Security number
- Your email address
- A credit card or debit card

The online system works best with Internet Explorer.

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration can be found at the end of this document.

From the FCSR-BSEES homepage, click the Registration button to begin.

From the submenu, click Register Online.

Read the Welcome to Registration Information. When ready, click the tab for Is A Person Registered to continue.

You may be asked to supply a copy of your Social Security card or other verification document after the FCSR receives your registration information.
Enter your Social Security number in the appropriate fields on the Is A Person Registered screen. Enter the security text/number shown on your screen. Click the Search button.

You should be notified that your Social Security number was not found in the database.

Click the Continue button.

Either enter an Employer Name (current or potential) or make a selection from Select if No Employer.

To enter an employer name, set your search criteria to either Begins With or Contains. Begin typing part of the employer name. As you type, a drop down list may appear. You may select an employer name from the drop down list or you can use what you’ve typed thus far.

Click the Search button.
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After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.

If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the Select if No Employer field.

After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the Continue button.

Now enter your personal information. First, select one or more Registration Type(s) by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.

Select only the category(ies) that best describe your reason for registering with the FCSR at this time.
Next, enter your personal information.

As needed, click the **Add Other Name** button to add an additional entry field (or fields) for any other names you have used, such as a nickname, birth or married names, etc.

Finally, enter your contact information.

Click the **Continue** button after all required information is entered.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does not reflect your mailing address.

Click the **Save** button.
After you enter an email address, you are asked to confirm it is an email address where you can receive your personal copy of FCSR notifications. The email address should belong to you, not to your employer or another staff member.

Click **Yes** if the email address entered is one you access.

Click **No** to change the email address in your Contact Information now.

Confirm that all information entered is correct.

Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

Carefully read the Registration Agreement.

If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.
Enter your payment information.

Enter your payment information.

Confirm the payment information was entered correctly.

Click the **Continue** button after entering all required information.

Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Click the **Edit** button to re-enter payment information if needed.

Click the **Continue** button to finish your submission and receive a transaction confirmation.

You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration submission and payment information to the FCSR.

### Payment Verification

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount</td>
<td>$15.25</td>
</tr>
<tr>
<td>Cardholders Name</td>
<td>John Doe</td>
</tr>
<tr>
<td>Billing Address</td>
<td>P.O. BOX 370, JEFFERSON CITY, MISSOURI 65102</td>
</tr>
<tr>
<td>Credit Card Type</td>
<td>Visa</td>
</tr>
<tr>
<td>Credit Card Number</td>
<td>XXXX12345678</td>
</tr>
<tr>
<td>CVV Code</td>
<td>123</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>01/21</td>
</tr>
</tbody>
</table>

If you would like to change any of the credit card information, click the **Edit** button. To confirm your registration, click the **Continue** button.

### Payment Confirmation

**Transaction Successful**

Information Summary (November 14, 2020):

- Processing Number: 1000000000000000
- Processing Date: 11/14/2020
- Processing Time: 1:30 PM
- Processing Time Zone: Central Time Zone
- Total Amount Paid: $15.25
- Processing Fee: $1.25
- Total Amount: $15.25
- Address: P.O. BOX 370, JEFFERSON CITY, MO 65102
- Email: johndoe@domain.com
- Social Security Number: 123-34-5678
- Date of Birth: 08/12/1980
- Gender: Male

**Print this screen for your records.**

Click the **Continue** button to print a printer-friendly notification. You must have Adobe Acrobat Reader version 6.0 or later and allow pop-up blockers from this website to use the printer-friendly version. This is an information summary and may not indicate your registration is complete. A letter will be delivered to the email address provided once your registration has been processed. Your employee may request background information on all changes when your registration has been processed. Call the FCSR toll-free at 866-421-9512 if you have any questions.

**NOTE**

If your transaction was declined or failed, you may start over and submit again.
Your printer-friendly confirmation of registration submission and payment information will open in a new window. Print the notification using the Adobe Acrobat Reader print button.

Go to [https://healthapps.dhss.mo.gov/BSEES/Main.aspx](https://healthapps.dhss.mo.gov/BSEES/Main.aspx) to submit your FCSR registration online.

What happens next? FCSR staff will review your registration information and contact you with any questions. After the registration is processed, FCSR will complete an introductory screening and send the results attached to an encrypted email. Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as contact information changes.

Missouri Department of Health and Senior Services
Family Care Safety Registry
PO Box 570
Jefferson City, MO 65102
Toll-free: (866) 422-6872
Fax: (573) 522-6981
www.health.mo.gov/safety/fcsr