Monthly Invoicing from FieldPrint – ODHS|OHA Providers

ORCHARDS
Oregon Criminal History &
Abuse Records Database System

The Background Check Unit (BCU), serving Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA), conducts background checks on employees, contractors, volunteers and others for ODHS|OHA as well as for providers licensed, certified or otherwise regulated by ODHS|OHA; the person subject to a background check is called a subject individual (SI).

If BCU needs a fingerprint-based check on your SI, you will receive notification email from ORCHARDS alerting you to create in ORCHARDS the "Fingerprint Letter – Please Give to SI" document and give it to your SI. This document has directions to get fingerprinted through Fieldprint.

<u>Fingerprint capture through Fieldprint costs $12.50; your agency or the SI (as determined by your agency) pay this fee.</u>
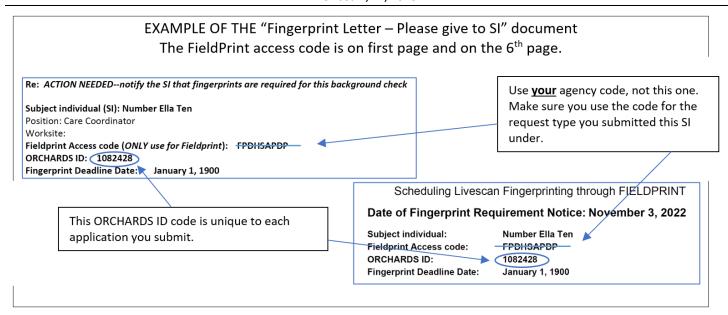
If your agency is paying for fingerprint capture, you can set up monthly invoicing with FieldPrint rather than pay for each time an SI schedules an appointment. Alternately, you can set up an agency credit card with Fieldprint so that all fingerprint captures are are charged directly to the card and can be seen on your monthly credit card bill. Generally, Fieldprint wants an agency to complete 100 or more fingerprints per year as the primary guideline for whether or not Fieldprint can provide a specialized account(s) for an agency. If you would like to set up an account for monthly invoicing and credit card use, please follow these steps:

1. Find out which request types your agency uses. Whenever you submit a background check in ORCHARDS, on the Pre-Employment/Placement Information page, there is field titled, "* Request Type." All the request types available to you are listed in this dropdown.
2. Review the attached table. You will want to copy the row(s) showing your request types into your email to Fieldprint.
3. Create and email to send to either:
    a. Jason DePalma at jdepalma@fieldprint.com (888-472-8918 x 2440); or
    b. Client Services at CustomerService@MyFieldprint.com.
4. In this email, tell Fieldprint:
    a. You would like monthly invoicing or to set up a credit card for your agency.
    b. Who is your Contact for Fieldprint (name, phone number, email)
    c. Your agency information (name, mailing address)
    d. ADD the rows from the attached table for the request types your agency needs.
5. Once your account is set up, FieldPrint will give you your own agency codes for the request types.
6. When you receive notification from ORCHARDS regarding an SI needing a fingerprint capture:
    a. You still must login to ORCHARDS, go to the SI's Person Summary page, Application tab, and click on the link titled, "Fingerprint Letter – Please Give to SI" to create the document.
    b. Your SI will use your Agency code and the ORCHARDS ID in the "Fingerprint Letter – Please Give to SI" document (see example letter images below):

EXAMPLE OF THE "Fingerprint Letter – Please give to SI" document
The FieldPrint access code is on first page and on the 6th page.

Re: *ACTION NEEDED--notify the SI that fingerprints are required for this background check*

Subject individual (SI): Number Ella Ten
Position: Care Coordinator
Worksite:
Fieldprint Access code (*ONLY use for Fieldprint*): ~~FPDHSAPDP~~
ORCHARDS ID: 1082428
Fingerprint Deadline Date: January 1, 1900

Use **your** agency code, not this one. Make sure you use the code for the request type you submitted this SI under.

This ORCHARDS ID code is unique to each application you submit.

Scheduling Livescan Fingerprinting through FIELDPRINT

Date of Fingerprint Requirement Notice: November 3, 2022

Subject individual:	Number Ella Ten
Fieldprint Access code:	~~FPDHSAPDP~~
ORCHARDS ID:	1082428
Fingerprint Deadline Date:	January 1, 1900

NOTE: Even though you will be using your own FieldPrint Access Code, you must always create the "Fingerprint Letter – Please Give to SI" document in ORCHARDS. This letter is tied to other processing steps; if you do not create this letter, processing of your subject individuals' background checks may be delayed!

BCU FieldPrint Information (copy rows regarding the request types you use to your email request to FieldPrint)

Request type	BCU FieldPrint Code	ORI/CRI	ABC/OCA	Reason for Fingerprints	TOT	RETD
APD AAA/ADS Nonpaid	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD AAA/ADS Paid	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD AFH NonPaid	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD AFH occupant/tenant PROVIDES NO CARE	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD AFH Paid 443.004	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD Fed'l SrComp or NCS-FPs	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD HCW 443.004	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD ICP Provider 443.004	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD ICP Representative 443.004	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N

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Request type	BCU FieldPrint Code	ORI/CRI	ABC/OCA	Reason for Fingerprints	TOT	RETD
APD In-home care 443.004	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD LTC referral agency	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD OMMP Staff	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD OMMP Volunteer	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD Paid 443.004	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD Paid NF/SNF	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD Room and Board	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
APD volunteer or student-facility	FPDHSAPDP	OR024CRU0	SOBCU	License/Certification/Permit	NFUF	N
CCA Alt Caregiver for Adop/Foster Home	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA Federal ORR SIs	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA Foster Parent	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA MH Foster Parent	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA MH Paid Staff 443.004	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA MH SI in CFH Non Paid	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA MH SI in CFH Paid 443.004	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA MH Volunteers	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA Referral Agency SI	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA RHY Grantee SIs--FPs Req'd	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA Secure Transport	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA SI in CFH Non Paid	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N

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Request type	BCU FieldPrint Code	ORI/CRI	ABC/OCA	Reason for Fingerprints	TOT	RETD
CCA SI in CFH Paid	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA Staff & Volunteers	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CCA Staff--Family First Act	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
CW programs--SIs	FPDHSCWPCO	OR024CRU0	WOBCU	License/Certification/Permit	NFUF	N
DD AFH NonPaid	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD AFH Occupant/Tenant PROVIDES NO CARE	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD AFH Paid 443.004	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD Brok/CDDP Employee Paid 443.004	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD Brok/CDDP Vol/student NonPaid	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD CFH AltCaregiverPaid 443.004	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
DD CFH Non Paid Lives in Home	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
DD CFH Paid 443.004 Lives in Home	FPDHSPLA	OR024CRU0	OPWBCU	License/Certification/Permit	NFUF	N
DD JOB+ Paid 443.004	FPDHSDDJP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD Non-Paid	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD Nonpaid In-Home Care Vol/Student	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD paid 443.004	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD Paid In-Home Care 443.004	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
DD PSW 443.004	FPDHSDDP	OR024CRU0	DOBCU	License/Certification/Permit	NFUF	N
HSD ADSS Cert	FPOHAPHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
MH AFH Non-paid	FPOHAAMHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N

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Request type	BCU FieldPrint Code	ORI/CRI	ABC/OCA	Reason for Fingerprints	TOT	RETD
MH AFH occupant/tenant PROVIDES NO CARE	FPOHAAMHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
MH AFH Paid 443.004	FPOHAAMHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
MH Non-paid	FPOHAAMHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
MH Paid 443.004	FPOHAAMHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
MH PCA/PSW 443.004	FPOHAAMHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
MMD--FPs required	FPOHAMMD	OR024CRU0	OMMD	License/Certification/Permit	NFUF	N
PH OPS Initial FPs Reqd	FPOHAPHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
PH OPS Recheck	FPOHAPHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
PH Staff/Volunteers	FPOHAPHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
PH Staff/Volunteers FP required	FPOHAPHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
THW certification	FPOHAPHP	OR024CRU0	MOBCU	License/Certification/Permit	NFUF	N
VR staff/contractors/volunteers	FPDHSVRP	OR024CRU0	ROBCU	License/Certification/Permit	NFUF	N