



**Office of
Mental Health**

USER'S MANUAL

**Mental Health Background Check
(Release 1.0.7.4)**

Updated: October 23rd, 2015



PREFACE

The New York State Office of Mental Health (NYS OMH) has developed this Document to assist organizational users in using the Mental Health Background Check (MHBC) application for Pistol Permits, Explosives, Rifles, and Employment Eligibility.

This document will also provide users with a quick reference guide to process their background check inquiry requests.

It is not intended to be a complete system or training manual, but an up-to-date reference guide for accessing frequently used interface screens and specific functionalities of MHBC.

Periodic updates to this document will be distributed as new functional modules & screens are included and as changes are made to MHBC that affect the information contained in this reference.



REVISION HISTORY

Doc. Version	Date	Revision Description
1.01	05/30/2012	This User's Manual Support MHBC Release 1.0.2.3 (May 2012) For Pistol Permit, Explosive Permit, Rifle Permit & Employment Eligibility related background checks only.
1.02	08/03/2012	Enhanced help desk features to support MHBC Release 1.0.2.4 (Aug 2012) i.e. User can create a "Help Desk Ticket" & send message.
1.03	01/15/2013	(Effective v 1.0.2.7) A new column "Export Y/N" is added in Results Grid, if at any time results are exported in PDF format, it will be marked as "Y" otherwise it will remain marked as "N" the default value.
1.04	06/01/2013	(Effective v 1.0.2.8) – A new functionality required for MHBC Governor's Office Appointments added.
1.05	7/30/13	(Effective v 1.0.2.9) – A new functionality of the reports filtering section was added. Governor's office appointments section was removed.
1.06	8/6/13	(Effective v 1.0.2.10) – A new section was added that allows for the exporting of a zip file containing multiple reports.
2.0	8/14/2015	(Effective v 1.0.7.2) – Entered the new functions from MHBC Phase 2, which addresses the MHL 9.46 DCJS Automatic Feed into MHBC.
2.1	10/15/2015	(Effective v 1.0.7.4) – Entered the ZIP file section, the PPA Resubmit Error Messages, the new report headers, and removed the E-Ticket section.



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1.0 MHBC - GENERAL INFORMATION

1.1 System Overview

1. The new automated Mental Health Background Check will allow your organization to perform searches of public mental health systems automatically.
2. Your organization will be able to use this system for mental health background checks for individuals requesting pistol permits, long rifle, explosives, and certain types of employment. **This system is not to be used for searches or requests for information related to National Instant Criminal Background Check System (NICS) or the New York Secure Ammunition and Firearms Enforcement Act of 2013 (NY SAFE Act).**
3. Using this new system, you will be given notification of the results the next day.
4. Access to this system is limited to members of local law enforcement with responsibility for pistol permits, long rifles, explosives and certain types of employment.
5. MHBC application will replace the current manual search process, by automating the background checks & searches requested by police departments, sheriff's departments and county courts for persons applying for Pistol permits, Explosive Permits, Rifle Permits, and Employment Eligibility
6. The functional requirements are based on the understanding of the current manual process in the Central Files unit within OMH Central Office.
7. MHBC web based application will include the following user interface screens:
 - a. User Login & Security attestation screens,
 - b. User welcome & Inquiry Search Request data entry screens, and
 - c. Inquiry Search Request Preview, Status & Results screens.
8. MHBC user will be able to generate and print any of the following PDF documents on official OMH letter head:
 - a. Strong Match Result
 - b. Possible Match Result
 - c. No Match Detected Result

1.2 User Registration & Access Permission Process

1. All MHBC users are assigned a well-defined role based access permission depending upon their organizational needs.
2. All MHBC users must have a prior registration done using the OMH Security Management System.
3. A complete Security Management System (SMS) Reference Manual is found at <http://www.omh.ny.gov/omhweb/sms/>
4. A MHBC user must have a valid Login User Id & Password to enter into the MHBC application.
5. MHBC user shall be able to enter the application portal by typing this URL on their web browser: (See [Section 2.1](#))

<https://my.omh.ny.gov/MHBC/>

1.3 Points of Contact

If a MHBC user has any of the following issues they may reach the OMH CIT Help Desk at (518) 474-5554 OR 1-800-435-7697 (See [Section 2.7](#))

- a. Application Specific Issues
- b. Technical Issues
- c. Any Other Business Issues

1.4 Definitions, Acronyms and Abbreviations

CIT – Center for Information Technology

DOB – Date of Birth

ETL—Extract, transform, loading

HIPAA - Health Insurance Portability and Accountability Act of 1996

HITECH – Health Information Technology

MDM – Master Data Management

MHBC- Mental Health Background Check

NICS – National Instant Background Check System

NYS – New York State

OMH – Office of Mental Health

PDF – Portable Document Format

PHI – Protected Health Information

SSN – Social Security Number

SMS – Security Management System

PPA- Pistol Permit Application

MHL 9.46- Mental Hygiene Law Section 9.46- Reporting Requirements for Mental Health Professionals



2.0 MHBC - GETTING STARTED

2.1 Web Portal

1. MHBC user will enter the application portal by typing this URL in to their web browser:
<http://www.omh.ny.gov/omhweb/mhbc/>
2. System will open the MHBC web portal
3. Archived trainings can be reviewed by selecting the hyperlinks on the MHBC page: “[Archived Webinar for Mental Health Background Check System Upgrades for Law Enforcement](#)” and “[Archived Webinar for Demonstration of the Mental Health Background Check Automated System](#)”.
4. User will login by selecting the link “[Log onto the MHBC System](#)” (See [Section 2.2](#))
5. User will select the “[MHBC User Guide](#)” link to open the user guide document.
6. User will select the “[Authorization for Release for Information](#)” link to open the form.
7. User will use the “[HIPAA](#)” related links to know more about HIPAA training and awareness.
 - a. The “[HIPPA Training Video](#)” is also available right above the HIPPA section.
8. User will also use the “[Information Security Training](#)” link to know more about this training program.

Office of Mental Health

Ann Marie T. Sullivan, M.D., Commissioner Governor Andrew M. Cuomo

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The Automated Mental Health Background Check (MHBC)

The new automated Mental Health Background Check will allow your organization to perform searches of public mental health systems automatically. Your organization will be able to use this system for mental health background checks for individuals requesting pistol permits, long rifle, explosives, and certain types of employment. Using this new system, you will be given notification of the results within 24 hours of the request. Access to this system is limited to members of local law enforcement with responsibility for pistol permits, long rifles, explosives and certain types of employment.

[Archived Webinar for Mental Health Background Check System Upgrades for Law Enforcement](#) (Aired 8/12/14) 

[Archived Webinar for Demonstration of the Mental Health Background Check Automated System](#) (Aired 5/22/12) 

[PDF of Presentation](#) 

[Log onto the MHBC System](#) 

[MHBC User Guide](#) 

[Authorization for Release of Information](#) 

Health Insurance Portability and Accountability Act (HIPAA) and Information Security Training are required for any staff authorized to use the system.

[HIPAA Training Video](#) (requires Windows Media Player 11)

Please use the links below to view the trainings and supplemental materials.

HIPAA

- [Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Training](#)
- [HIPAA Training Slides](#)  (1mb)
- [Office of Mental Health \(OMH\) Training Video Script \(text only\)](#)
- [OMH HIPAA Training Video Script \(text with graphics\)](#)
- [OMH HIPAA Privacy Rule Preemption Analysis and Updates](#)
- [OMH Employee HIPAA Awareness Brochure](#)
- [HIPAA Attestation](#) 

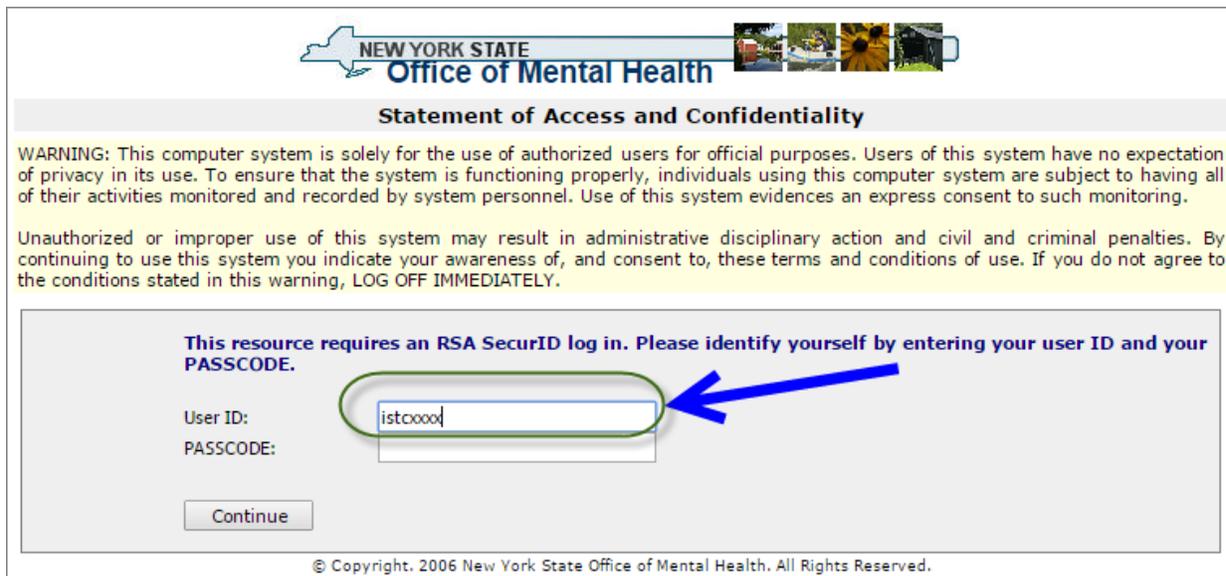
Information Security Training

- [2005 Information Security Training \(IST\) Program](#) 
- [Security Awareness and Computer User Responsibilities](#) 
- [From HIPAA to Health Information Technology for Economic and Clinical Health \(HITECH\). Privacy and Security Basics](#) 
- [Information Security Training Attestation](#) 

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2.2 Login Process

1. Please identify yourself by entering your MHBC user id.



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Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.

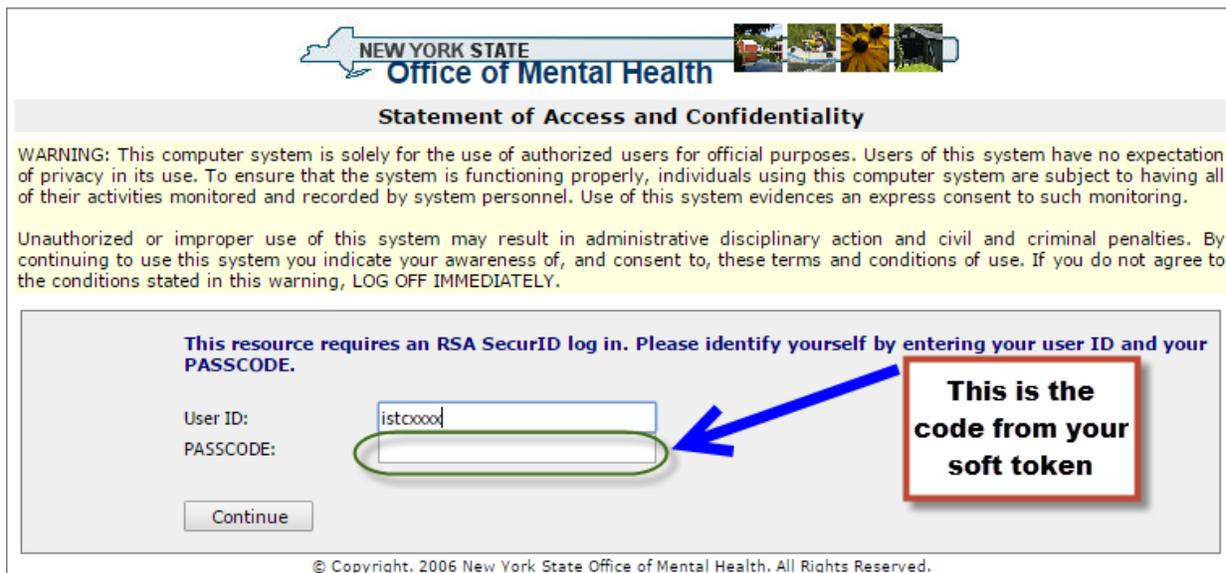
This resource requires an RSA SecurID log in. Please identify yourself by entering your user ID and your PASSCODE.

User ID:

PASSCODE:

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2. To enter your PASSCODE you will need to access your soft token.



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This resource requires an RSA SecurID log in. Please identify yourself by entering your user ID and your PASSCODE.

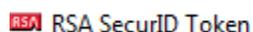
User ID:

PASSCODE:

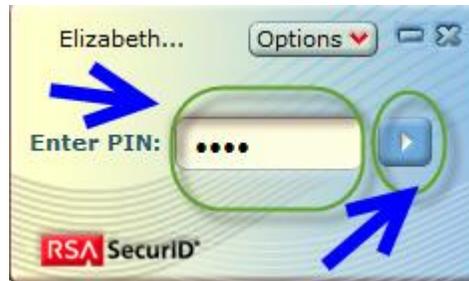
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This is the code from your soft token

- a. To find your soft token code, you will need to open RSA.



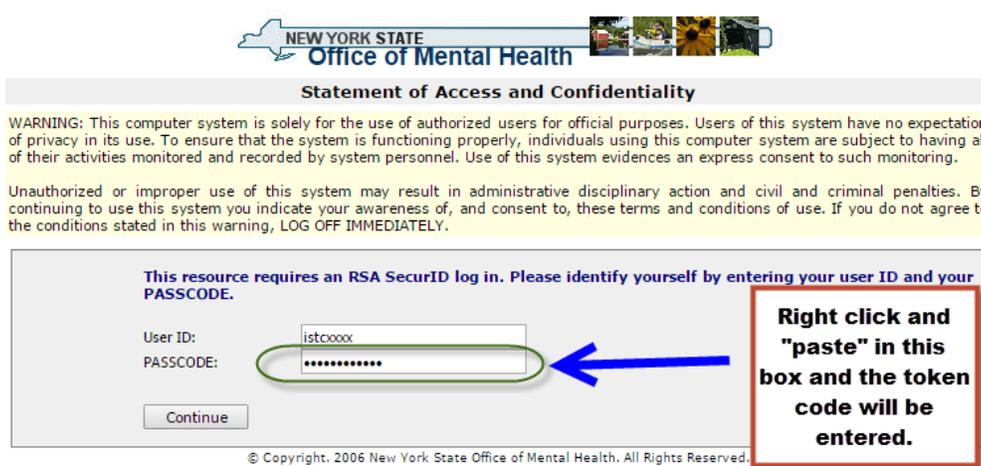
- The RSA “[Enter Pin](#)” prompt will then display on your computer. Enter your 4-digit pin and then select the button at the end of the field to proceed.



- Then the passcode will appear. Select the “[Copy](#)” button.
 - If you need to re-enter your pin, select the “[Re-Enter Pin](#)” button and you will be brought back to the “[Enter Pin](#)” Screen



- Return to the Login screen and right click on the PASSCODE: box. Paste the token code you copied from RSA here.
- Then Select “[Continue](#)”



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This resource requires an RSA SecurID log in. Please identify yourself by entering your user ID and your PASSCODE.

User ID:

PASSCODE:

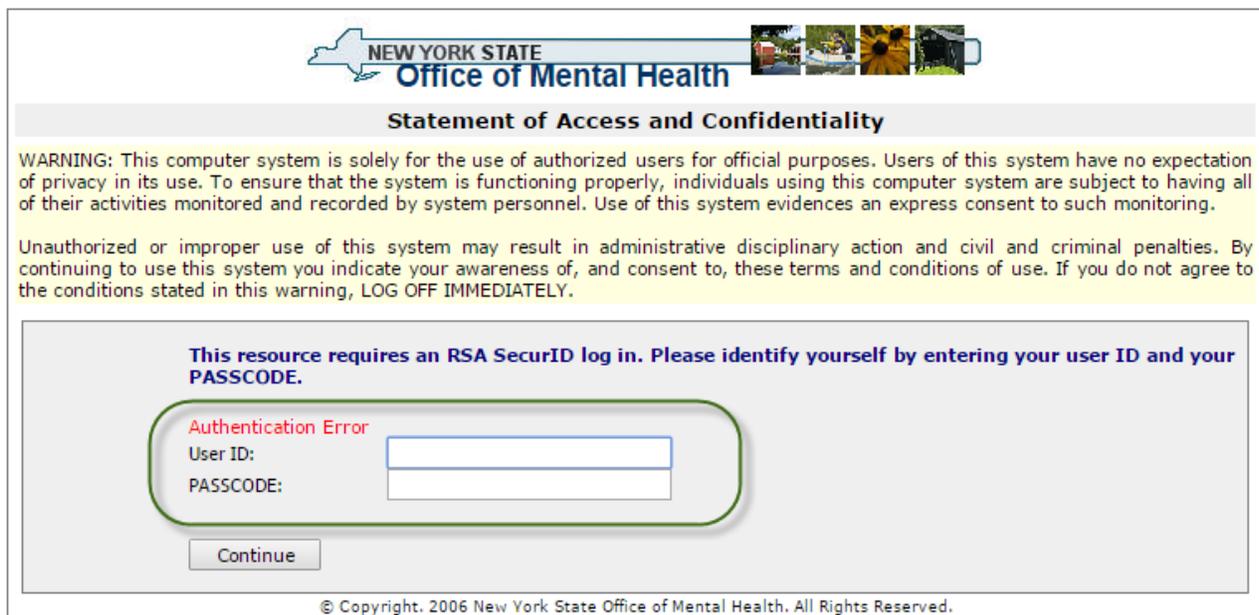
Continue

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Right click and "paste" in this box and the token code will be entered.

2.3 Login-In Failure Process

1. If you have entered either a wrong User-Id or Password, the system will display the error message: **“Authentication Error”**



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Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.

This resource requires an RSA SecurID log in. Please identify yourself by entering your user ID and your PASSCODE.

Authentication Error

User ID:

PASSCODE:

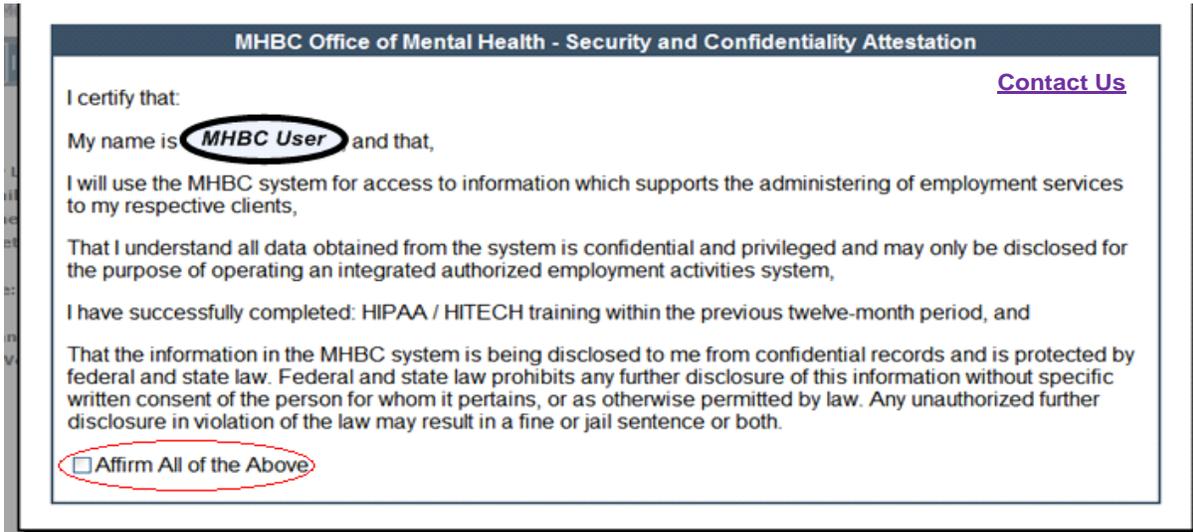
Continue

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2. Please check you MHBC “User Id” and then re-enter.
3. If it is the passcode that has failed, return to RSA and check your pin. Then copy a new Token Code for the MHBC Log in.

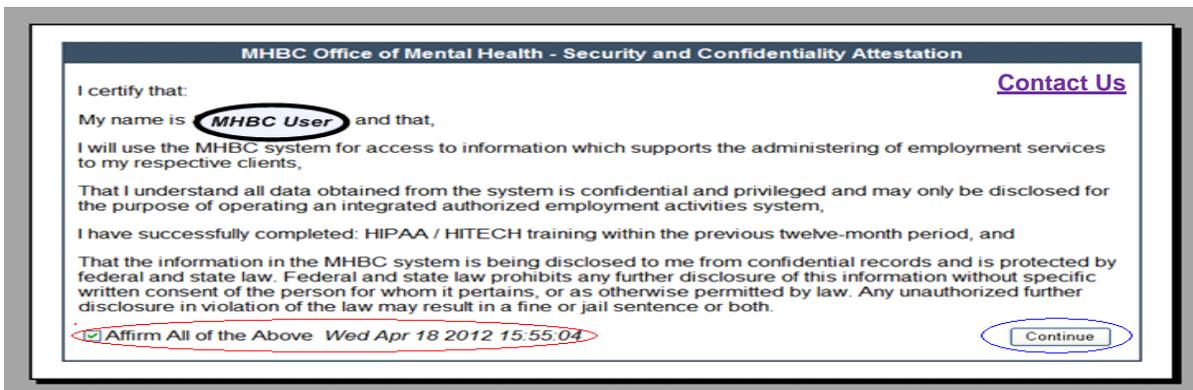
2.4 Security & Confidentiality Attestation Process

1. System will open the Security and Confidentiality Attestation Page, and user can see their name is associated with this attestation certification.



Check the “[Affirm All of the Above](#)” Check Box.

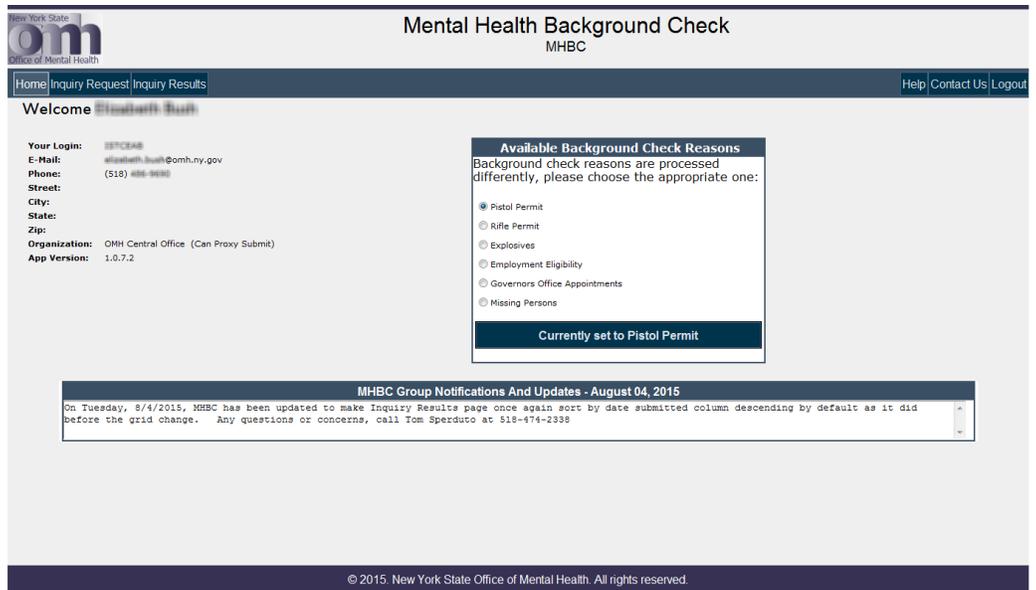
2. In case if you are not sure about your affirmation, please click on the “[Contact Us](#)” link for further assistance.



3. System will display the attestation day, date & time stamped on this screen and “[Continue](#)” button will be enabled now.
4. Click the “[Continue](#)” button.
5. MHBC Home Page will be opened.

2.5 Home Page

1. You are now ready to navigate on the MHBC Application's Home Page.
2. You will see user's Name, Login id, Email, Phone Number Street Address and Organizational details.
3. MHBC Group Notifications if any will be published and displayed on the bottom of this screen.



4. MHBC user can have access to five different background check applications – (One at a time) by selecting the appropriate radio buttons as shown below.
5. Depending on the user's selection, system will open the specific [“Inquiry Request Submission”](#) screens & controls. (See Section 3.0)
6. The available background check options will depend on the user's access permission & roles.

Available Background Check Reasons

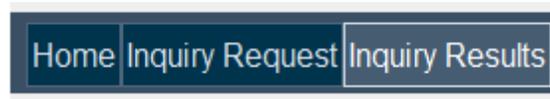
Background check reasons are processed differently, please choose the appropriate one:

- Pistol Permit
- Rifle Permit
- Explosives
- Employment Eligibility
- Governors Office Appointments
- Missing Persons

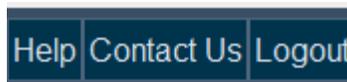
Currently set to Pistol Permit

2.6 Application Menu Bar

1. The Application Menu Bar which has following four control tabs(on the left):
 - a. **Home:** This tab control will bring you back to “Home” Screen (See [Section 2.5](#))
 - b. **Inquiry Request:** Use this tab control to open “Inquiry Request Submission” Screen (See [Section 3.1](#))
 - c. **Inquiry Results:** Use this tab control to open “Inquiry Results” Screen (See [Section 7.0](#))

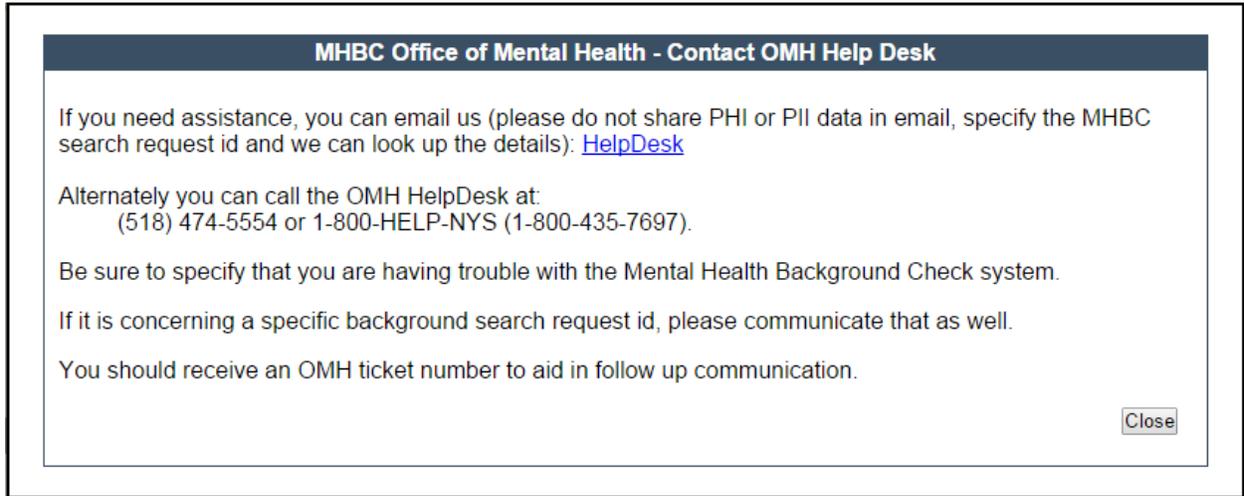


2. Also has three Control Tabs (on the right):
 - d. **Help:** Use this tab to open “MHBC User Manual”
 - e. **Contact Us:** This tab will open the contact “Help Desk” information. (See [Section 2.7](#))
 - f. **Logout:** Use this tab to Logout and quit the MHBC session.(See [Section 2.8](#))

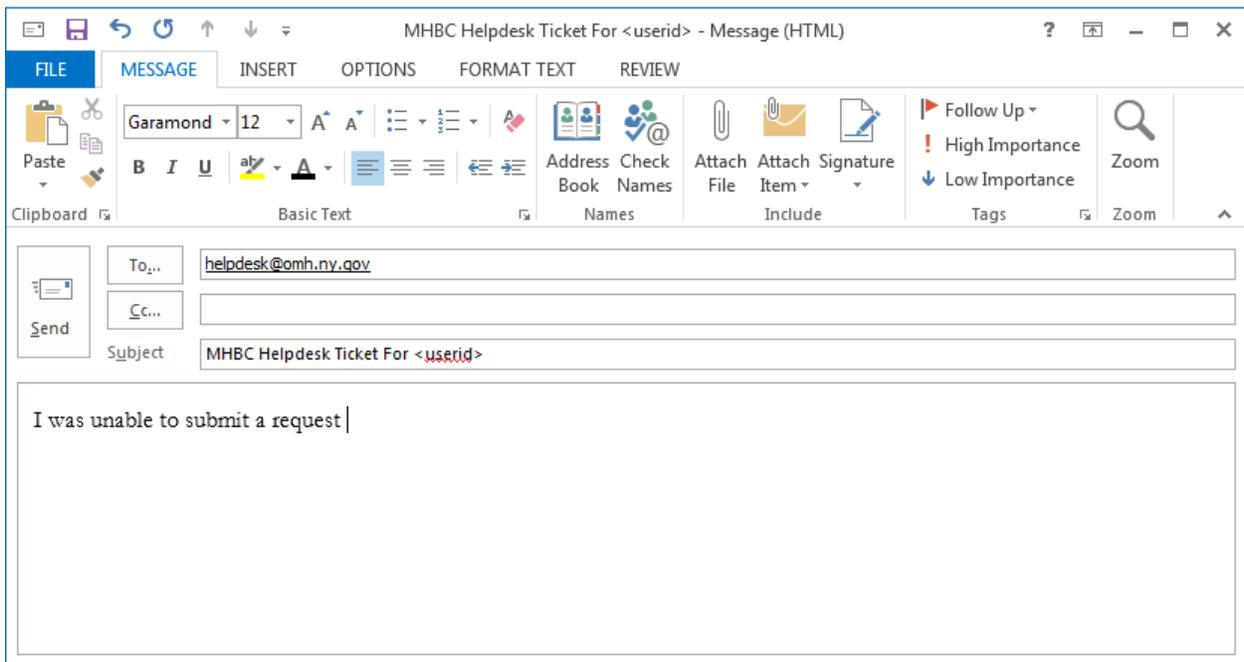


2.7 Contact Us Link

1. If at any time user need any technical support or assistance, clicking on the “[Contact Us](#)” link will open a pop-up window.

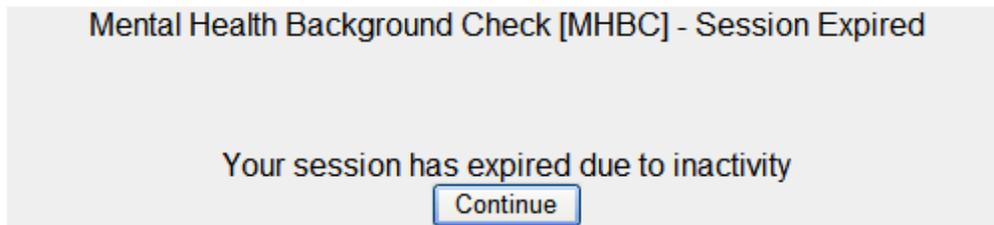


2. User can contact the OMH CIT Help Desk at (518) 474-5554 OR 1-800-435-7697
3. User can send an email to the OMH help desk by clicking on the “[OMH Helpdesk](#)” link; an email will appear for the user to complete and send.



2.8 Session Expired & User Logout Process

1. If a MHBC user remains inactive for thirty minutes, system will display a session expired message and prompt the user to press the “[Continue](#)” button.
2. User may need to re-enter their user-id / password.



3. To end the current session and logout user will click on the “[Logout](#)” tab,
4. System will end the current session and “[Logged-Out Message](#)” windows will pop-up.
5. User can close the window and exit the application.

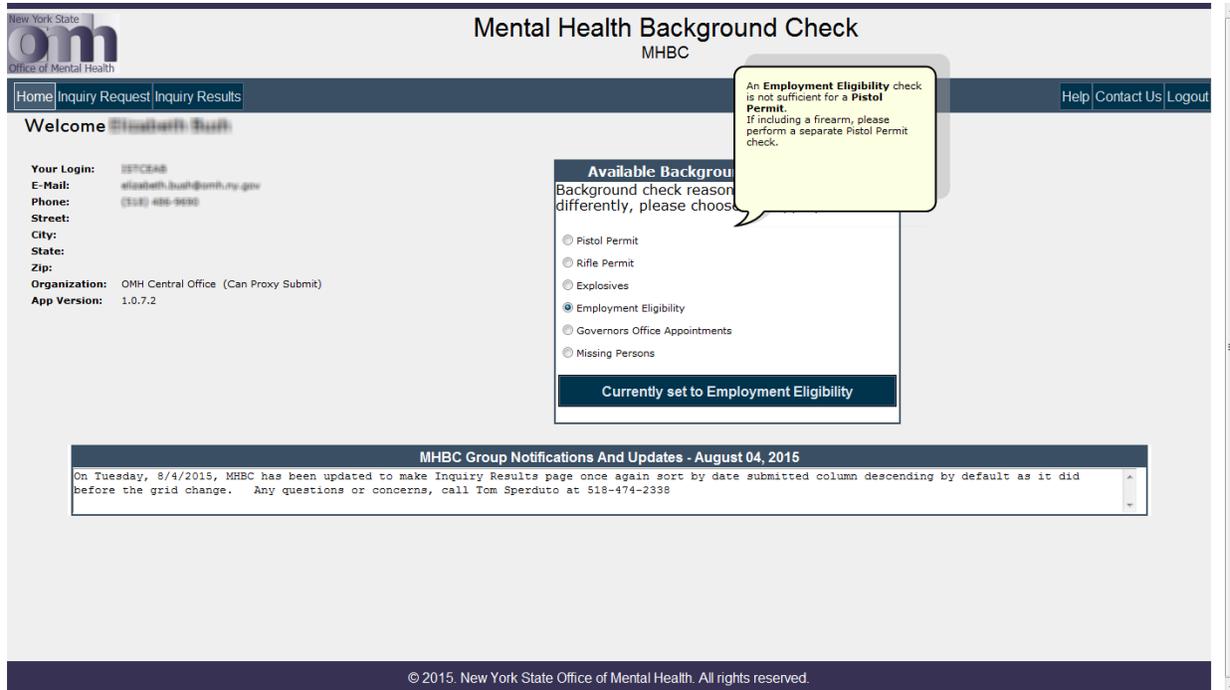




3.0 MHBC - INQUIRY REQUEST SUBMISSION

3.1 Start an Inquiry Request Submission

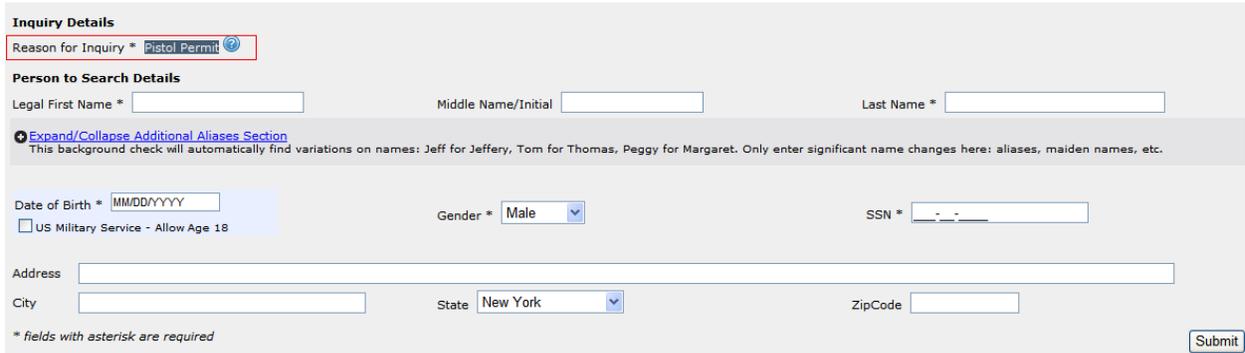
1. To start your MHBC Inquiry Request Submission process, follow these steps:
 - a. On the MHBC Home Page, Select a radio button from available background check reasons. Please note that Employment checks are **not** sufficient for Pistol, Rifle, or Explosives checks; perform a *separate* check if a firearm permit is needed.



- b. Now click on the “Currently set to <type of background check you selected>” button under the Available Background Check Reasons box, or you can select the “[Inquiry Request](#)” tab on your home screen (See [Section 2.5](#)),
- c. Depending on the user’s selection, system will open the corresponding “Inquiry Request Submission” Screen.
- d. Please note that, Inquiry Request Screens will look similar for Pistol Permit, Explosives Permit, and Rifle Permit.(See [Sections 3.1.1](#), [3.1.2](#) and [3.1.3](#))
- e. The Inquiry Request Screen for Employment Eligibility will look different (See [Section 3.1.4](#))
- f. All the Required Fields are marked with a * after the field name.
- g. Business rules for data entry & error handling are common for all types of MHBC applications.
- h. Employment Eligibility background check has additional business rules for handling the “[Consent Form Attestation](#)” process. (See [Section 3.1.5](#))

3.1.1 Inquiry Request Screen – Pistol Permit

1. If user selects “Pistol Permit” as the Reason for Inquiry, system will open this screen with reason for inquiry field pre filled with “Pistol Permit.”



Inquiry Details

Reason for Inquiry * **Pistol Permit**

Person to Search Details

Legal First Name * Middle Name/Initial Last Name *

[Expand/Collapse Additional Aliases Section](#)
This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

Date of Birth * Gender * **Male** SSN *

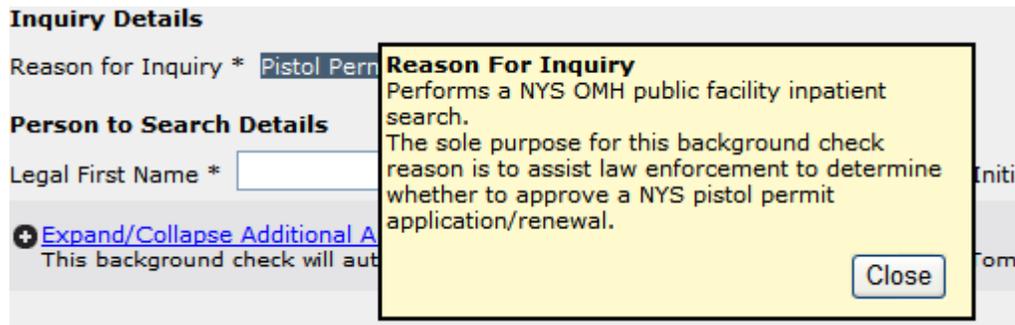
US Military Service - Allow Age 18

Address

City State **New York** ZipCode

* fields with asterisk are required

2. If user clicks on the ”?” mark next to “Reason for Inquiry” field, a popup window will display the details about that Reason for Inquiry for “Pistol Permit”
3. Click the “Close” button.
4. Popup window will disappear.



Inquiry Details

Reason for Inquiry * **Pistol Permi**

Person to Search Details

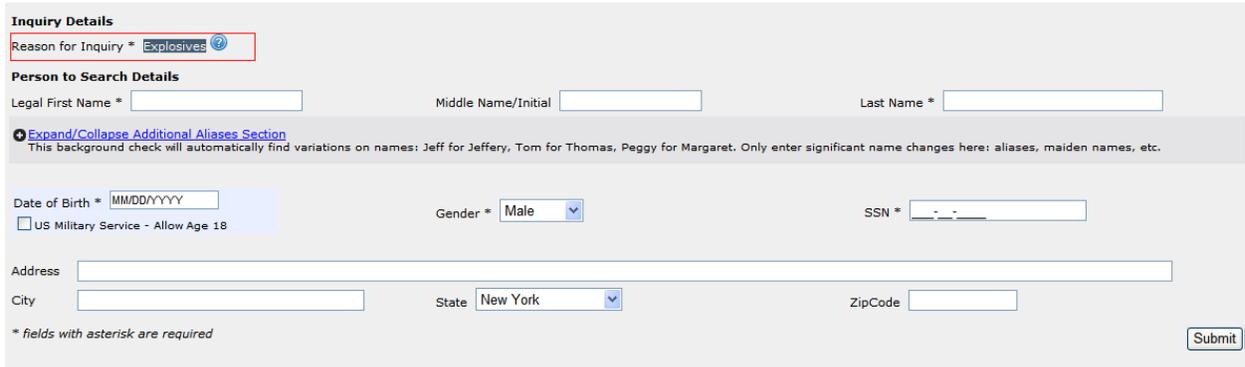
Legal First Name *

[Expand/Collapse Additional A](#)
This background check will aut

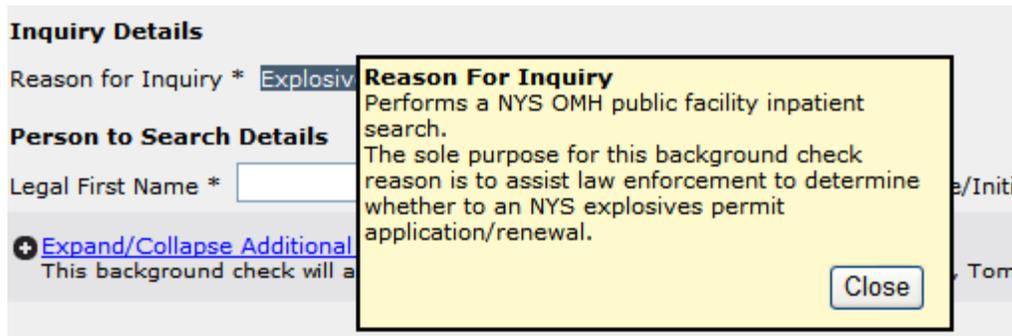
Reason For Inquiry
 Performs a NYS OMH public facility inpatient search.
 The sole purpose for this background check reason is to assist law enforcement to determine whether to approve a NYS pistol permit application/renewal.

3.1.2 Inquiry Request Screen – Explosive Permit

1. If user selects “Explosives” as the Reason for Inquiry, system will open this screen with reason for inquiry field pre filled with “Explosives.”



2. If user clicks on the? mark next to “Reason for Inquiry” field, a popup window will display the details about that Reason for Inquiry for “Explosives”
3. Click the “Close” button.
4. Popup window will disappear.



3.1.3 Inquiry Request Screen – Rifle Permits

1. If user selects “Rifle Permit” as the Reason for Inquiry, system will open this screen with reason for inquiry field pre filled with “Rifle Permit.”



Inquiry Details

Reason for Inquiry * **Rifle Permit**

Person to Search Details

Legal First Name * Middle Name/Initial Last Name *

[Expand/Collapse Additional Aliases Section](#)
This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

Date of Birth * Gender * **Male** SSN *

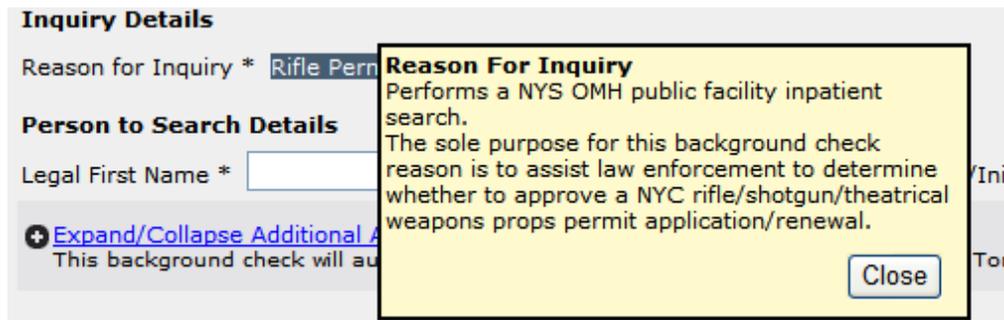
US Military Service - Allow Age 18

Address

City State **New York** ZipCode

* fields with asterisk are required

2. If user clicks on the? mark next to “Reason for Inquiry” field, a popup window will display the details about that Reason for Inquiry for “Rifle Permit”
3. Click the “Close” button.
4. Popup window will disappear.



Inquiry Details

Reason for Inquiry * **Rifle Perm**

Person to Search Details

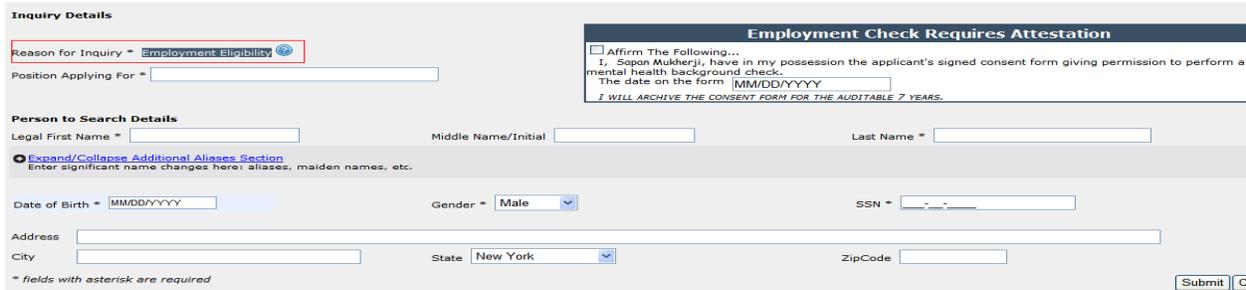
Legal First Name *

[Expand/Collapse Additional A](#)
This background check will au

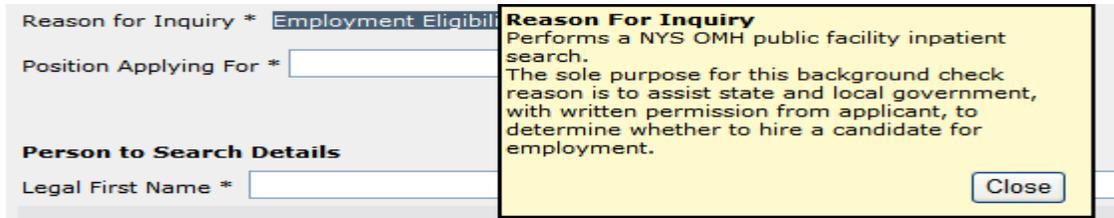
Reason For Inquiry
 Performs a NYS OMH public facility inpatient search.
 The sole purpose for this background check reason is to assist law enforcement to determine whether to approve a NYC rifle/shotgun/theatrical weapons props permit application/renewal.

3.1.4 Inquiry Request Screen – Employment Eligibility

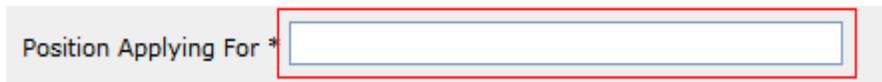
1. If user selects “Employment Eligibility” as the Reason for Inquiry, system will open this screen with reason for inquiry field pre filled with “Employment Eligibility.”



2. If user clicks on the? mark next to “Reason for Inquiry” field, a popup window will display the details about that Reason for Inquiry for “Employment Eligibility”
3. Click the “Close” button.
4. Popup window will disappear.



5. User need to enter the name of the position applied for. This is a required field and only applicable for Employment Eligibility background checks.



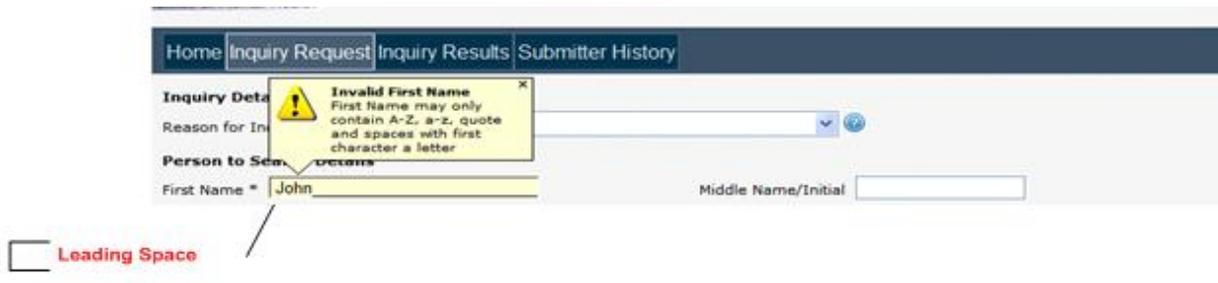
3.1.5 Consent Form Attestation – (Required for Employment Eligibility Only)

1. This is mandatory for all users to complete the “Employment Check Consent Form Attestation”.
2. System will not allow the Inquiry Request Submission without completing this.
3. User need to check the “Affirm the Following” check box.
4. The date on the consent form will be captured from a drop down calendar.



3.1.6 Enter First Name – (Required)

1. For any invalid entries, system will display an error message.
2. Numeric values are not allowed. May only contain values “A-Z”, “a-z”, quotes, dash and spaces with first character must be a letter.
3. Should not have all spaces.
 - a. If there is a leading space, the entry will be considered erroneous.
4. As the user tab out of the first name field, any invalid data entry will prompt system to display a red “*” just after the text box, indicating that first name is in error.
5. When user re-enters a valid first name, the red “*” will disappear.



3.1.7 Enter Middle Name or Initial – (Optional)

1. For any invalid entries, system will display an error message.
2. Numeric values are not allowed. May only contain values “A-Z”, “a-z”, quotes, dash and spaces with first character must be a letter.
 - a. If there is a leading space, the entry will be considered erroneous.
3. As the user tab out of the middle name field, any invalid data entry will prompt system to display a red “*” just after the text box, indicating that middle name is in error.
4. When user re-enter a valid middle name, the red “*” will disappear.



3.1.8 Enter Last Name – (Required)

1. For any invalid entries system will display an error message.
2. Numeric values are not allowed.
3. May only contain values “A-Z”, “a-z”, quotes, dash and spaces with first character must be a letter.

4. Should not have all spaces.
 - a. If there is a leading space, the entry will be considered erroneous.

Person to Search Details
 First Name * Middle Name/Initial Last Name *

5. As the user tab out of the last name field, any invalid data entry will prompt system to display a red “*” just after the text box, indicating that last name is in error.

Person to Search Details
 First Name * Middle Name/Initial Last Name *

6. When user re-enter a valid last name, the red “*” will disappear.

Home **Inquiry Request** Inquiry Results Submitter History Contact Us
Inquiry Details
 Reason for Inquiry *
Person to Search Details
 First Name * Middle Name/Initial Leading Space Last Name *

Invalid Last Name
Last Name may only contain A-Z, a-z, quote, dash and spaces with first character a letter

3.1.9 Enter Date of Birth – (Required MM/DD/YYYY)

1. For any invalid entries system should display error message.

Home **Inquiry Request** Inquiry Results Submitter History
Inquiry Details
 Reason for Inquiry *
Person to Search Details
 First Name * Middle Name/Initial
[Expand/Collapse Additional Aliases Section](#)
This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant
 Date of Birth * Valid Date of Birth Required mm/dd/yyyy Gender *

2. Age is calculated based on the current date minus the date of birth (DOB). Result should be greater than or equal to 21 years.

- For [Employment Eligibility](#) background check the minimum age should be 14 years.

- Date of Birth cannot be before 01/01/1900.

- If age is less than 21 years, display error message to the user. Error message “The age of the applicant must be greater than or equal to 21 years.”
- For [Employment Eligibility](#) background check if age is less than 14 years, system will display appropriate error message.

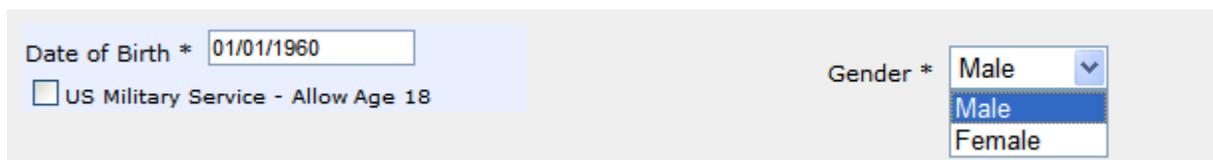
3.1.10 Enter Date of Birth – (Required MM/DD/YYYY) Continued

- As the user tab out of the DOB field, any invalid date will prompt the system to display a red “*” just after the text box, indicating that DOB is in error.
- When user re-enter a valid DOB, the red “*” will disappear.

9. User can check the box “US Military Waiver – to allow for age 18 years i.e. the validation rule described on Section 3-25 (Step 2), will not be applied in such cases.
10. For [Employment Eligibility](#) background check, the US Military Waiver rules are not applicable and therefore the check box will not be visible.

3.1.11 Select Gender – (Required)

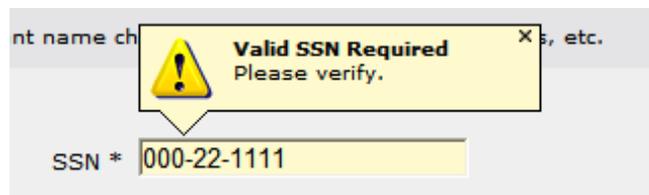
1. System should allow user to select a value from a drop down List.
2. User can select either “Female” or “Male”.



The screenshot shows a form with the following elements: a text input field for "Date of Birth *" containing "01/01/1960"; a checkbox labeled "US Military Service - Allow Age 18" which is currently unchecked; and a dropdown menu for "Gender *" with "Male" selected and "Female" visible as an option.

3.1.12 Enter Social Security Number – (Required ###-##-####)

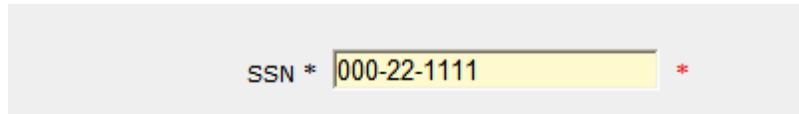
1. For any invalid entries system should display error message.



The screenshot shows an error message box with a yellow warning icon and the text "Valid SSN Required Please verify." The error message is pointing to an input field for "SSN *" which contains the value "000-22-1111".

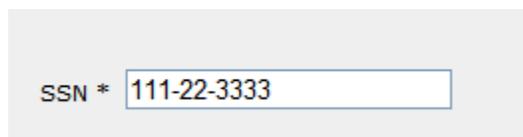
2. Numeric values only.
3. SSN is invalid if first three digits are “000” or “666” or “900-999”
4. SSN is invalid if second two digits are “00”

5. SSN is invalid if last four digits are “0000”



SSN * 000-22-1111 *

6. As the user tab out of the SSN field, any invalid SSN will prompt the system to display a red “*” just after the text box, indicating that SSN is in error.

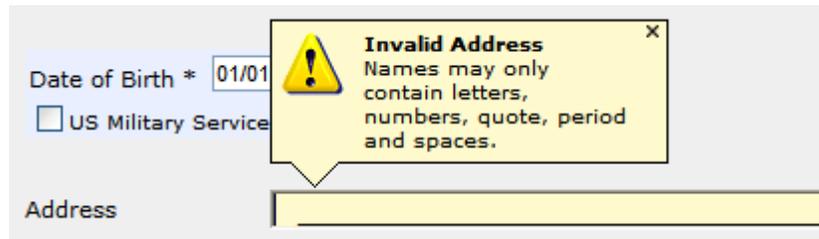


SSN * 111-22-3333

7. When user re-enter a valid SSN, the red “*” will disappear.

3.1.13 Enter Street Address – (Optional)

1. For invalid entries system should display error message.



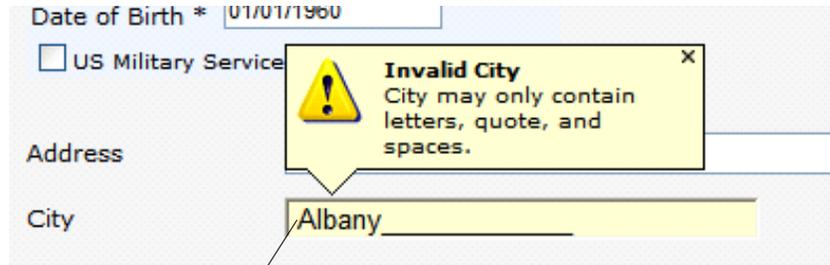
Date of Birth * 01/01
 US Military Service
Address

Invalid Address
Names may only contain letters, numbers, quote, period and spaces.

2. Alphanumeric values are allowed. May contain values “A-Z”, “a-z”, quotes, dash, periods and spaces.
3. Should not have all spaces.
 - a. If there is a leading space, the entry will be considered erroneous
4. As the user tab out of the address field, any invalid data entry will prompt system to display a red “*” just after the text box, indicating that address is in error.
5. When user re-enter a valid address, the red “*” will disappear.

3.1.14 Enter City – (Optional)

1. For invalid entries system shall display error message.



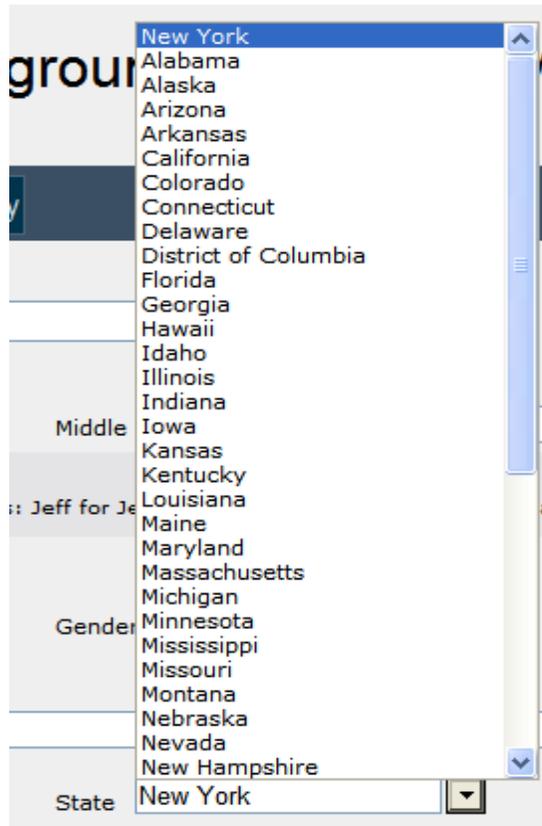
The screenshot shows a form with the following fields: "Date of Birth *" with the value "01/01/1960", a checkbox for "US Military Service", "Address", and "City". The "City" field contains the text "Albany". A yellow error dialog box is displayed over the "City" field, containing a warning icon and the text: "Invalid City City may only contain letters, quote, and spaces." A red box labeled "Leading Space" with a line pointing to the start of the "Albany" text in the "City" field indicates the cause of the error.

Leading Space

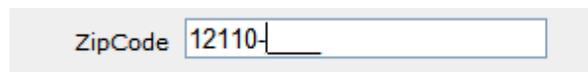
2. Alpha only values are allowed. May contain values "A-Z", "a-z", quotes, and spaces. Should not have all spaces.
 - a. If there is a leading space, the entry will be considered erroneous.
3. As the user tab out of the city field, any invalid data entry will prompt system to display a red "*" just after the text box, indicating that city is in error.
4. When user re-enter a valid city, the red "*" will disappear.

3.1.15 Select State & Zip Code – (Optional)

1. System should allow user to select a value from a drop down List:

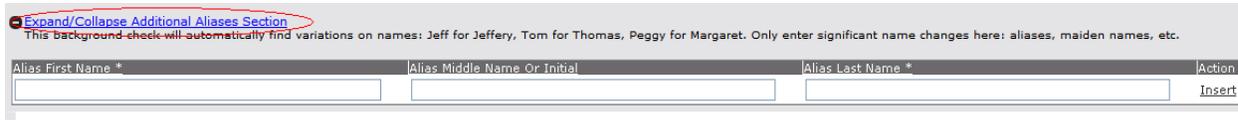


2. For Zip Code system will accept numeric values only:

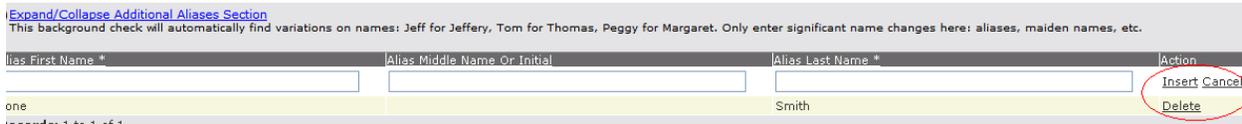


3.2 Enter Aliases or Nick Names

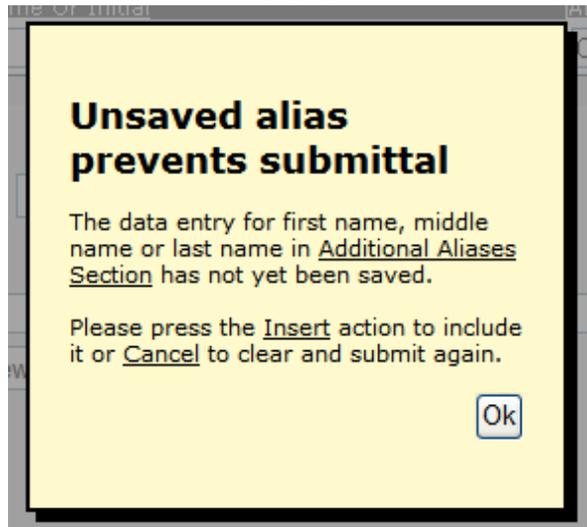
1. Click on the + sign to expand the grid section.



2. The grid should have three columns “First Name” “Middle Name/Initial “and “Last Name”.
3. For any invalid entries, system should display error message
4. Numeric values are not allowed. May only contain values “A-Z”, “a-z”, quotes, dash and spaces with first character a letter. Should not have all spaces.
5. As the user tab out of the aliases name fields, any invalid data entry will prompt system to display a red “*” just after the text box, indicating that name is in error.
6. When user re-enter a valid first name, the red “*” will disappear.



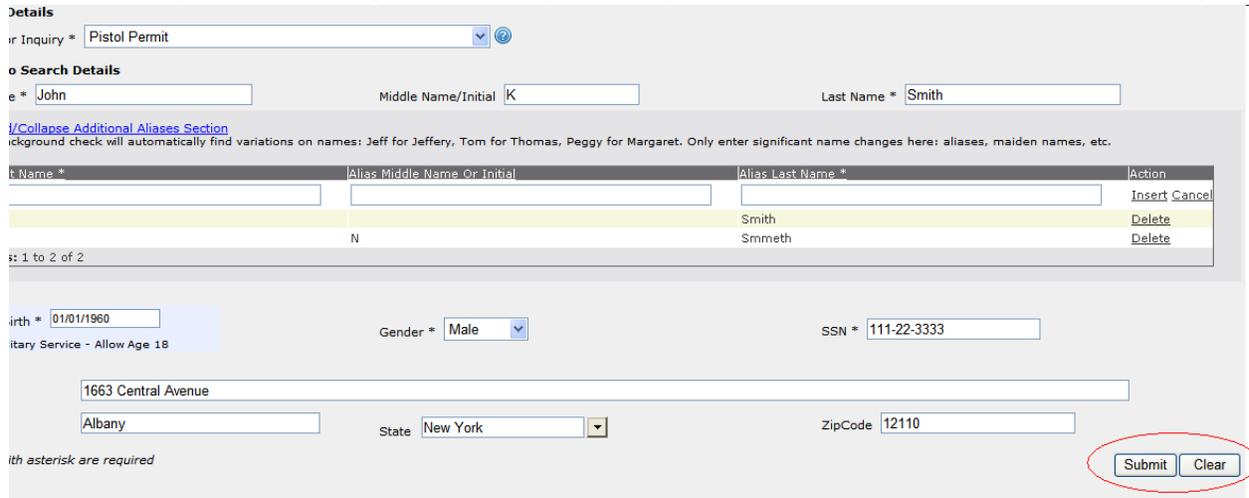
7. User can save the entered names by clicking on the “Insert” button, the alias name will be saved. If this is not done then system will popup this error message.



8. User can cancel this insert by clicking on the “[Cancel](#)” button.
9. User can delete an existing entry by clicking on the “[Delete](#)” button.
10. User can also add more alias names as required.

3.3 Submitting an Inquiry Request

1. Once the user has completed the inquiry request entries, they can either submit this request for a background check processing or clear the screen & re-enter the data again.



Details

Inquiry *

Search Details

First Name * Middle Name/Initial Last Name *

[/Collapse Additional Aliases Section](#)
Background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

First Name *	Alias Middle Name Or Initial	Alias Last Name *	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	Insert Cancel
	N	Smith	Delete
		Smmeth	Delete

Showing 1 to 2 of 2

Birth * Gender * SSN *

Voluntary Service - Allow Age 18

State ZipCode

Fields with asterisk are required

2. User decides to submit the inquiry request and clicks on the “[Submit](#)” button
3. Systems will pop-up a confirmation window, asking user to select either “Confirm” or “Cancel” this submission.



4. User can cancel and clear the inquiry request screen.

5. User clicks on the “[Clear](#)” button.
6. System will erase the existing information and open a fresh inquiry request screen.

3.3 Submitting an Inquiry Request (Continued)

Details
 for Inquiry * ⓘ

to Search Details
 First Name * Middle Name/Initial Last Name *

[nd/Collapse Additional Aliases Section](#)
 background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here; aliases, maiden names, etc.

First Name *	Alias Middle Name Or Initial	Alias Last Name *	Action
			Insert Cancel
	N	Smith	Delete
		Smmeth	Delete

ds: 1 to 2 of 2

Birth * Military Service - Allow Age 18

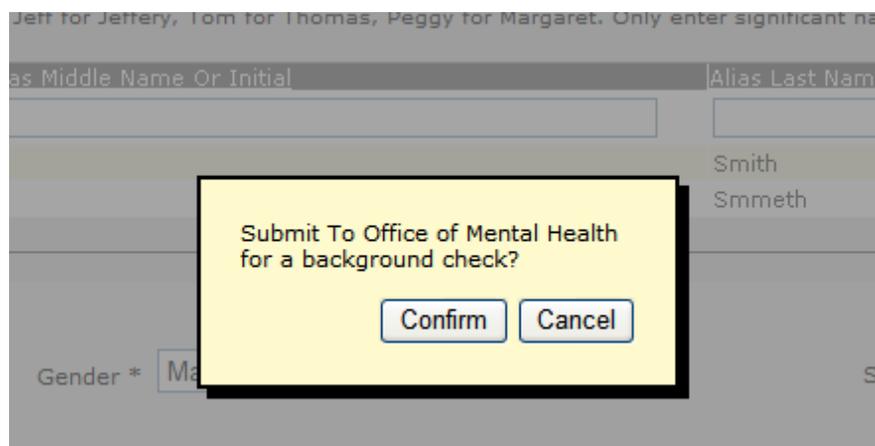
Gender *

SSN *

State ZipCode

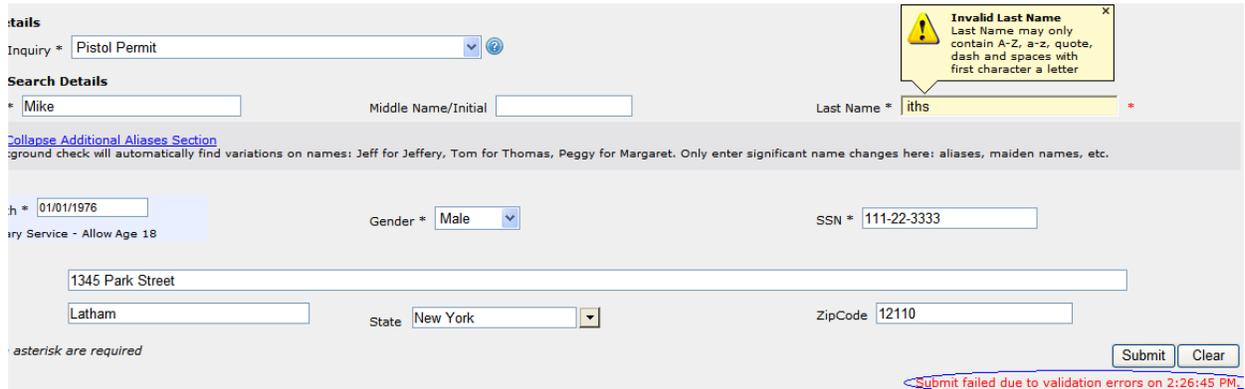
with asterisk are required

7. User confirms the submission by clicking on the “[Confirm](#)” button.



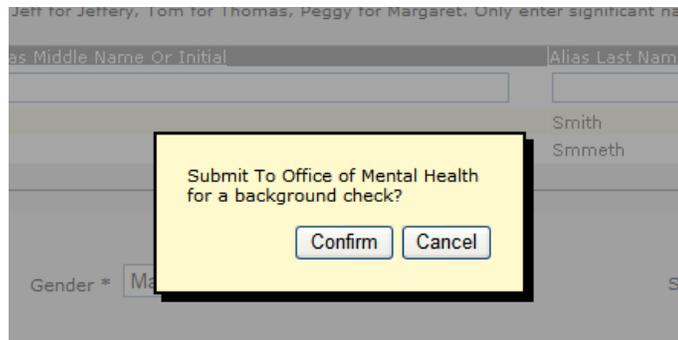
8. If any validation errors are found, system will display “**Submit failed due to validation errors on**”
9. User will correct the errors and submit it again.

3.3 Submitting an Inquiry Request (Continued)



The screenshot shows a web form for submitting an inquiry request. The form includes fields for Inquiry type (Pistol Permit), Search Details (First Name: Mike, Middle Name/Initial, Last Name: iths), Birth Date (01/01/1976), Gender (Male), SSN (111-22-3333), Address (1345 Park Street, Latham, New York, 12110), and buttons for Submit and Clear. A yellow warning box is displayed over the Last Name field, stating: "Invalid Last Name. Last Name may only contain A-Z, a-z, quote, dash and spaces with first character a letter". A red error message at the bottom right reads: "Submit failed due to validation errors on 2:26:45 PM".

10. User will again confirm the submission as before.



11. If no validation errors are detected system will accept this submission.

12. System will auto generate a unique ID for this Inquiry Request.

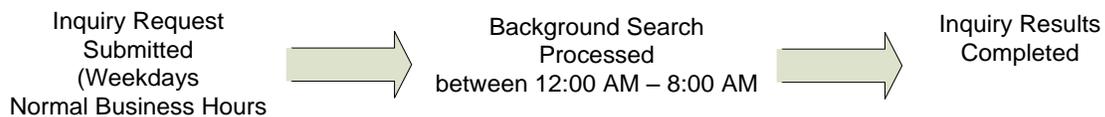
13. System will display the Inquiry Results screen, showing the new inquiry request on top of the list.

14. The status for this inquiry request will remain as "Submitted".

3.3 Submitting an Inquiry Request (Continued)

Home Inquiry Request Inquiry Results Submitter History								
ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Org
81	John	K	Smith	01/01/1960	04/20/2012	Submitted	Pistol Permit	OMH Central Off

15. Once this inquiry request is successfully processed overnight by an [Automated Batch Run](#), the status will be changed to “[Completed](#)”.

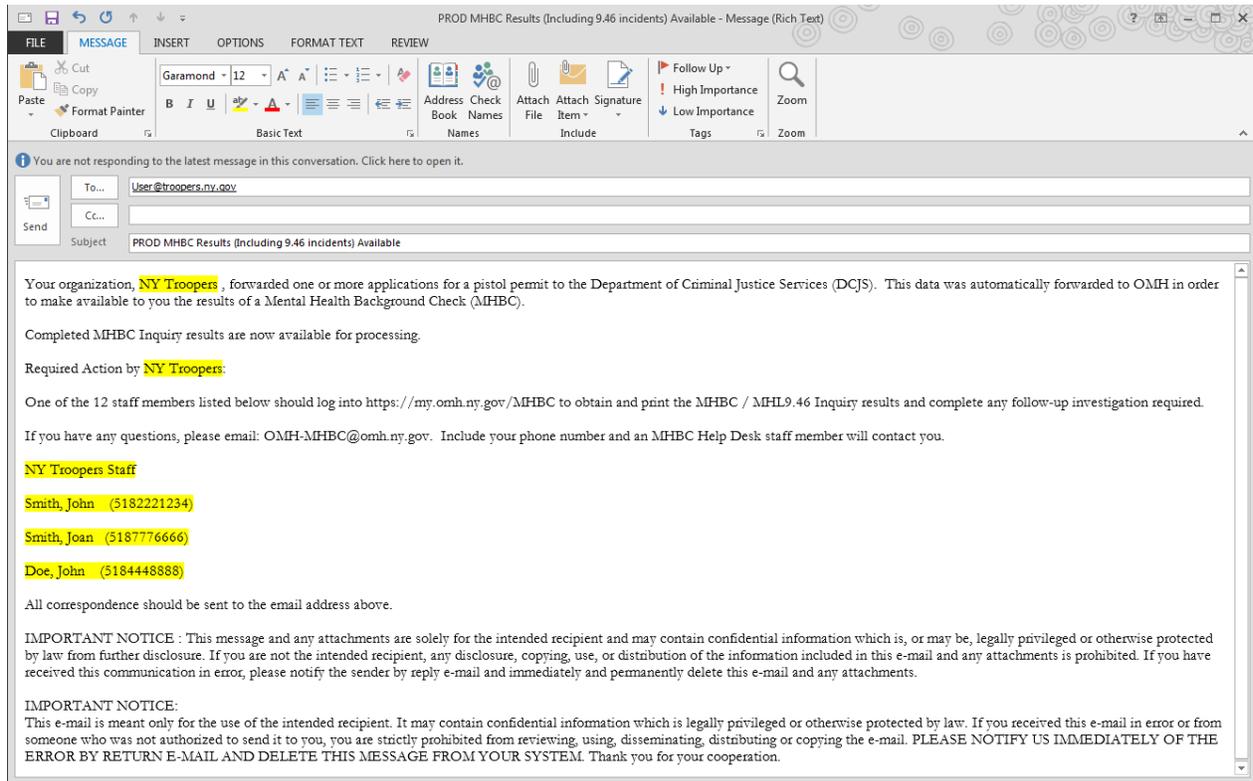


Home Inquiry Request Inquiry Results Submitter History								
ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Org
82	Mike		Siths	01/01/1976	04/20/2012	Completed	Pistol Permit	OMH Central Off
81	John	N	Smithh	01/01/1960	04/20/2012	Completed	Pistol Permit	OMH Central Off

16. These processing steps are common to Pistol Permit, Explosive Permit, Rifle Permit and Employment Eligibility background checks.

3.4 MHL 9.46 DCJS Submissions Automatic Feed

1. If there are results from the Department of Criminal Justice Services automatic feed, an email will be sent to the users associated with the results.
 - a. The email will alert the user that there are results available for their agency, and they must sign into MHBC to export those results.
 - b. This means that the user will not need to enter these individuals into the MHBC system, and they have already been entered by an automatic feed.
 - c. Whenever there are MHL 9.46 records found, they are appended to the MHBC results.



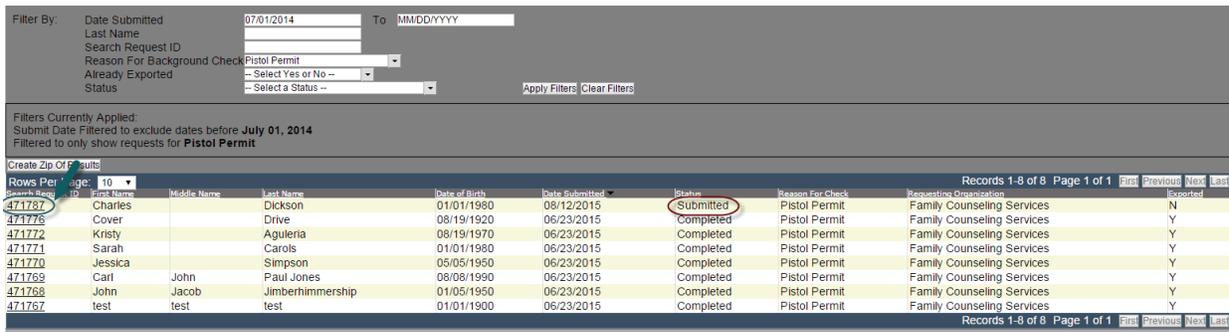
2. Once logged into MHBC you will complete the steps for exporting results ([See Section 7.0](#))



4.0 MHBC - INQUIRY REQUEST EDIT & RESUBMISSION

5.1 Editing & Resubmitting an Inquiry Request

1. After submitting an inquiry, the MHBC user can perform an edit to the inquiry prior to the record being processed by the system, before midnight that day.
2. Once the system runs the batch process at night, the edited record will be used for the match against the OMH data bases.
3. User selects an Inquiry Request with status as **“Submitted”**
4. User clicks on the selected Inquiry Request Search Request ID.



Filter By: Date Submitted: 07/01/2014 To: MMDD/YYYY

Reason For Background Check: Pistol Permit

Status: -- Select a Status --

Filters Currently Applied:
Submit Date Filtered to exclude dates before July 01, 2014
Filtered to only show requests for Pistol Permit

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Reporting Organization	Reported
471767	Charles		Dickson	01/01/1980	08/12/2015	Submitted	Pistol Permit	Family Counseling Services	N
471775	Cover		Drive	08/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471772	Kristy		Aguleria	08/19/1970	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471771	Sarah		Carols	01/01/1980	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471770	Jessica		Simpson	05/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471769	Carl	John	Paul Jones	08/08/1990	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471768	John	Jacob	Jimberhimmship	01/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471767	test	test	test	01/01/1900	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y

5. System will open **“Additional Details View”** screen displaying all the details of the selected Inquiry. This will be a read only screen.
6. User wants to edit this inquiry request data and resubmit for processing.
7. User clicks the **“Edit Request”** button.
8. These steps are common to Pistol Permit, Explosive Permit, Rifle Permit and Employment Eligibility background checks.

5.2 Editing & Resubmitting an Inquiry Request (Continued)

Additional Details View (OMH PHI)

OMH Search Request ID:	471787
Status:	(Editable) Background Check Processing Not Yet Occurred
Date/Time Submitted:	08/12/2015 11:14 AM
Submitted by organization:	Family Counseling Services

Inquiry Details

Reason for Inquiry	Pistol Permit
--------------------	---------------

Person to Search Details

Primary Name: Charles Dickson

[Additional Aliases](#)

No additional aliases were specified

Date of Birth	January 01, 1980
Gender	Male
Social Security Number	123-45-6789
Street Address	
City, State Zip	, New York

[Edit Request 471787](#)

[Close](#)

1. System will open the Inquiry Request Modify screen, displaying details of the selected Inquiry Request Id.

Inquiry Details

Reason for Inquiry [Pistol Permit](#)

Person to Search Details

Legal First Name * Charles Middle Name/Initial Last Name * Dickson

[Expand/Collapse Additional Aliases Section](#)

This background check will automatically find variations on names: Jeff for Jeffrey, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

Date of Birth * 01/01/1980 Gender * Male SSN * 123-45-6789

US Military Service - Allow Age 18

Street City State New York ZipCode

* fields with asterisk are required

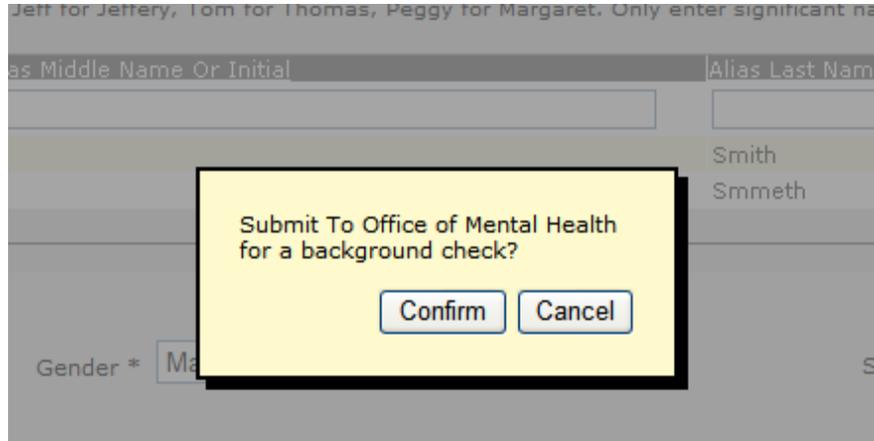
[Resubmit Request 471787](#) [Cancel Resubmit](#)

2. User shall apply the required changes and clicks the “[Resubmit Request](#)” button.

[Resubmit Request 471787](#)

5.3 Editing & Resubmitting an Inquiry Request (Continued)

3. User will confirm this resubmission.



4. System will save the new changes and opens Inquiry Request Result Screen.

Filter By: Date Submitted: 07/01/2014 To: MMDD/YYYY

Search Request ID:
 Reason For Background Check: -- Select a Reason --
 Already Exported: -- Select Yes or No --
 Status: -- Select a Status --

Apply Filters | Clear Filters

Filters Currently Applied:
Submit Date Filtered to exclude dates before July 01, 2014

Create Zip Of Results:

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Imported
471787	Charles		Dickson	01/01/1980	08/12/2015	Submitted	Pistol Permit	Family Counseling Services	N
471776	Cover		Drive	08/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471775	John		Smith	06/06/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471774	Groot		Groot	12/12/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471773	Sarah		Parker	01/05/1940	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471772	Kristy		Aguleria	08/19/1970	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471771	Sarah		Carols	01/01/1960	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471770	Jessica		Simpson	05/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471769	Carl	John	Paul Jones	08/08/1990	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471768	John	Jacob	Jimberhimmership	01/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y

Records 1-10 of 11 Page 1 of 2

*** OMH PHI ***

5. If user does not want to make any changes, they can click the “[Cancel Resubmit](#)” button.



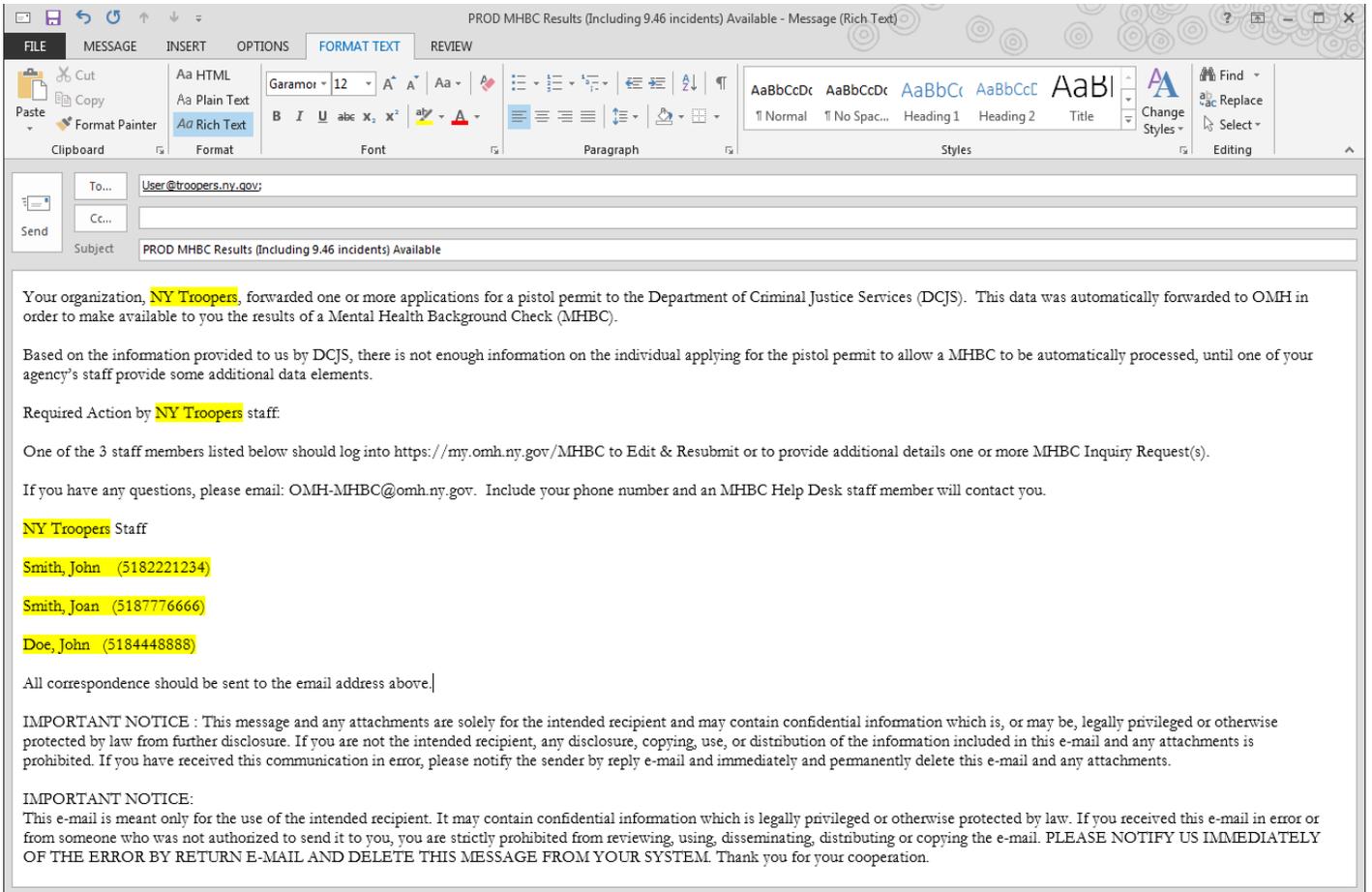
6. System will open “[Inquiry Request Submission Screen](#)” allowing user to enter a new Inquiry Request.



**5.0 MHBC - INQUIRY REQUEST ATTN RQD- NOT
SUBMITTED**

5.1 Resubmitting an Attn Rqd Request

1. It is possible for a DCJS automatic submittals to be missing or invalid fields required by OMH MHBC. When OMH MHBC cannot process a DCJS automatic submittal, all persons at that requesting agency will receive an email notifying that their request(s) cannot be processed until data is amended or included.



PROD MHBC Results (Including 9.46 incidents) Available - Message (Rich Text)

FILE MESSAGE INSERT OPTIONS **FORMAT TEXT** REVIEW

Aa HTML Aa Plain Text Aa Rich Text

Garamonr 12 A Aa

B I U abc x² x²

AaBbCcDc AaBbCcDc AaBbCc AaBbCc AaBbI

¶ Normal ¶ No Spac... Heading 1 Heading 2 Title

Find Replace Select

To... User@troopers.ny.gov

Cc...

Subject PROD MHBC Results (Including 9.46 incidents) Available

Your organization, **NY Troopers**, forwarded one or more applications for a pistol permit to the Department of Criminal Justice Services (DCJS). This data was automatically forwarded to OMH in order to make available to you the results of a Mental Health Background Check (MHBC).

Based on the information provided to us by DCJS, there is not enough information on the individual applying for the pistol permit to allow a MHBC to be automatically processed, until one of your agency's staff provide some additional data elements.

Required Action by **NY Troopers** staff:

One of the 3 staff members listed below should log into <https://my.omh.ny.gov/MHBC> to Edit & Resubmit or to provide additional details one or more MHBC Inquiry Request(s).

If you have any questions, please email: OMH-MHBC@omh.ny.gov. Include your phone number and an MHBC Help Desk staff member will contact you.

NY Troopers Staff

Smith, John (5182221234)

Smith, Joan (5187776666)

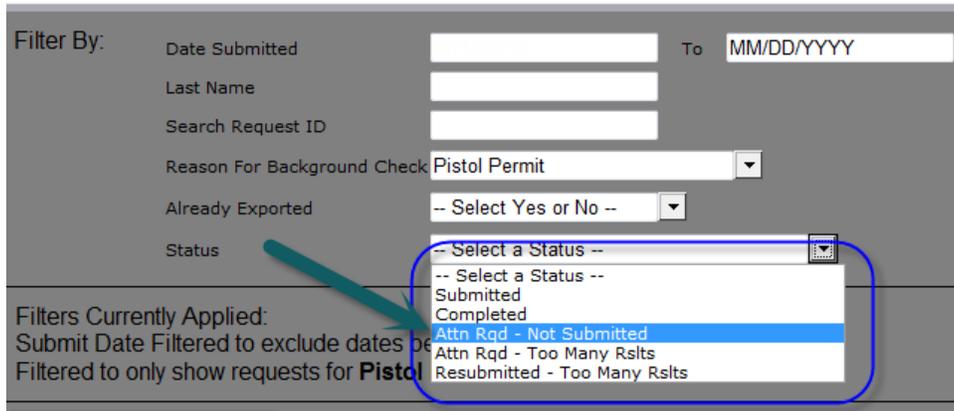
Doe, John (5184448888)

All correspondence should be sent to the email address above.

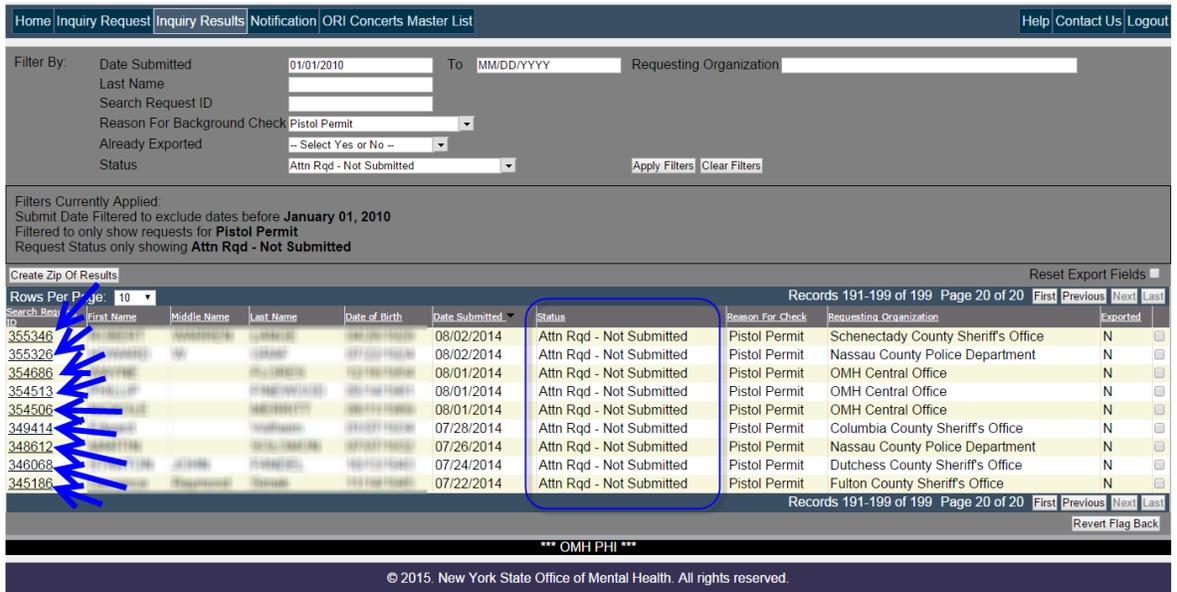
IMPORTANT NOTICE : This message and any attachments are solely for the intended recipient and may contain confidential information which is, or may be, legally privileged or otherwise protected by law from further disclosure. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this e-mail and any attachments is prohibited. If you have received this communication in error, please notify the sender by reply e-mail and immediately and permanently delete this e-mail and any attachments.

IMPORTANT NOTICE: This e-mail is meant only for the use of the intended recipient. It may contain confidential information which is legally privileged or otherwise protected by law. If you received this e-mail in error or from someone who was not authorized to send it to you, you are strictly prohibited from reviewing, using, disseminating, distributing or copying the e-mail. PLEASE NOTIFY US IMMEDIATELY OF THE ERROR BY RETURN E-MAIL AND DELETE THIS MESSAGE FROM YOUR SYSTEM. Thank you for your cooperation.

2. The user will then log in and review the Inquiry Results Screen and filter Status to Attn Rqd- Not Submitted (to review filters see [Section 6.0](#))



- Once the filter has been applied, all results that your agency must resubmit should be available for review. Then you will need to select the Search Request ID to review each of the records individually.



Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
355346					08/02/2014	Attn Rqd - Not Submitted	Pistol Permit	Schenectady County Sheriff's Office	N
355326					08/02/2014	Attn Rqd - Not Submitted	Pistol Permit	Nassau County Police Department	N
354686					08/01/2014	Attn Rqd - Not Submitted	Pistol Permit	OMH Central Office	N
354513					08/01/2014	Attn Rqd - Not Submitted	Pistol Permit	OMH Central Office	N
354506					08/01/2014	Attn Rqd - Not Submitted	Pistol Permit	OMH Central Office	N
349414					07/28/2014	Attn Rqd - Not Submitted	Pistol Permit	Columbia County Sheriff's Office	N
348612					07/26/2014	Attn Rqd - Not Submitted	Pistol Permit	Nassau County Police Department	N
346068					07/24/2014	Attn Rqd - Not Submitted	Pistol Permit	Dutchess County Sheriff's Office	N
345186					07/22/2014	Attn Rqd - Not Submitted	Pistol Permit	Fulton County Sheriff's Office	N

- When you select the Search Request ID, you will see the Additional Details View popup ([for more information review Section 7.0](#)). For Attn Rqd- Not Submitted the screen will have an error message in red at the top of the screen.

Additional Details View (OMH PHI)

OMH Search Request ID: 355346
 Status: Attention Rqd - Not Submitted.
 Date/Time Submitted: 08/02/2014 08:57 PM
 Submitted by organization: Schenectady County Sheriff's Office

Central Office Submitted On Behalf of

Proxied Organization
 Proxied Name
 Proxied Phone
 Proxied Address

Inquiry Details
 Reason for Inquiry: Pistol Permit

Person to Search Details

Primary Name: ROBERT [REDACTED]

Additional Aliases
 No additional aliases were specified

Date of Birth: April 26, 1929
 Gender: Male
 Social Security Number: 000-00-0000 *
 Street Address: 7 WASHINGTON BLVD
 City, State Zip: SCOTTS, New York

[Edit Request 355346](#) [Close](#)

Attention Rqd - Not Submitted.
 This record could not be processed because the data is inaccurate. Please modify the highlighted field below. Please click on help link for more details.



5. To review the reason that you must resubmit the record, select the “?” after the Person to Search Details.
 - a. To dismiss the validation message just select the close button

Additional Details View (OMH PHI)

OMH Search Request ID: 355346
 Status: Attention Rqd - Not Submitted.
 Date/Time Submitted: 08/02/2014 08:57 PM
 Submitted by organization: Schenectady County Sheriff's Office

Central Office Submitted On Behalf of

Proxied Organization
 Proxied Name
 Proxied Phone
 Proxied Address

Inquiry Details
 Reason for Inquiry: Pistol Permit

Person to Search Details

Primary Name: ROBERT [REDACTED]

Additional Aliases
 No additional aliases were specified

Date of Birth: April 26, 1929
 Gender: Male
 Social Security Number: 000-00-0000 *
 Street Address: 7 WASHINGTON BLVD
 City, State Zip: SCOTTS, New York

[Edit Request 355346](#) [Close](#)

Attention Rqd - Not Submitted.
 This record could not be processed because the data is inaccurate. Please modify the highlighted field below. Please click on help link for more details.



Additional Details View (OMH PHI)

OMH Search Request ID: 355346
 Status: Attention Rqd - Not Submitted.
 Date/Time Submitted: 08/02/2014 08:57 PM
 Submitted by organization: Schenectady County Sheriff's Office

Attention Rqd - Not Submitted.
 This record could not be processed because the data is inaccurate. Please modify the highlighted field below. Please click on help link for more details.

Central Office Submitted On Behalf of
 Proxied Organization
 Proxied Name
 Proxied Phone
 Proxied Address

Inquiry Details
 Reason for Inquiry: Pistol Permit

Person to Search Details

Validation Message
 *The SSN field has failed submission. Please review this field and make sure the following is accounted for. This is a required field so you must pass a SSN.

Date of Birth: 1929
 Gender: Male
 Social Security Number: 000-00-0000 *
 Street Address: 7 WASHINGTON AVE
 City, State Zip: SCOTTAL, New York

Close

Close

- The field that needs to be revised should be explained in the Person to Search Details section, but there should also be a “*?” next to the field in question

Additional Details View (OMH PHI)

OMH Search Request ID: 355346
 Status: Attention Rqd - Not Submitted.
 Date/Time Submitted: 08/02/2014 08:57 PM
 Submitted by organization: Schenectady County Sheriff's Office

Attention Rqd - Not Submitted.
 This record could not be processed because the data is inaccurate. Please modify the highlighted field below. Please click on help link for more details.

Central Office Submitted On Behalf of
 Proxied Organization
 Proxied Name
 Proxied Phone
 Proxied Address

Inquiry Details
 Reason for Inquiry: Pistol Permit

Person to Search Details

Primary Name: ROBERT WARDEN LANCE

Additional Aliases
 No additional aliases were specified

Date of Birth: 1929
 Gender: Male
 Social Security Number: 000-00-0000 *
 Street Address: 7 WASHINGTON AVE
 City, State Zip: SCOTTAL, New York

Close

- Once the user selects “[Edit Request <Search Request ID>](#)” then the user will be redirected to the Inquiry Request Screen. All the fields will be populated from the original request. The field with the invalid/incomplete data will be addressed at the bottom of the page along with a message on how to fix the field.

Additional Details View (OMH PHI)

OMH Search Request ID: 355346	Attention Rqd - Not Submitted. This record could not be processed because the data is inaccurate. Please modify the highlighted field below. Please click on help link for more details.
Status: Attention Rqd - Not Submitted.	
Date/Time Submitted: 08/02/2014 08:57 PM	
Submitted by organization: Schenectady County Sheriff's Office	

[Central Office Submitted On Behalf of](#)
 Proxied Organization
 Proxied Name
 Proxied Phone
 Proxied Address

Inquiry Details

Reason for Inquiry: Pistol Permit

Person to Search Details

[Additional Aliases](#)
 No additional aliases were specified

Primary Name: ROBERT HARRISON LANGE
 Date of Birth: April 26, 1929
 Gender: Male
 Social Security Number: 000-00-0000 *
 Street Address: 7 WASHINGTON AVE
 City, State Zip: SCOTIA, New York

Person to Search Details

Legal First Name * Middle Name/Initial Last Name *

[Expand/Collapse Additional Aliases Section](#)
 This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

Date of Birth * Gender * SSN *

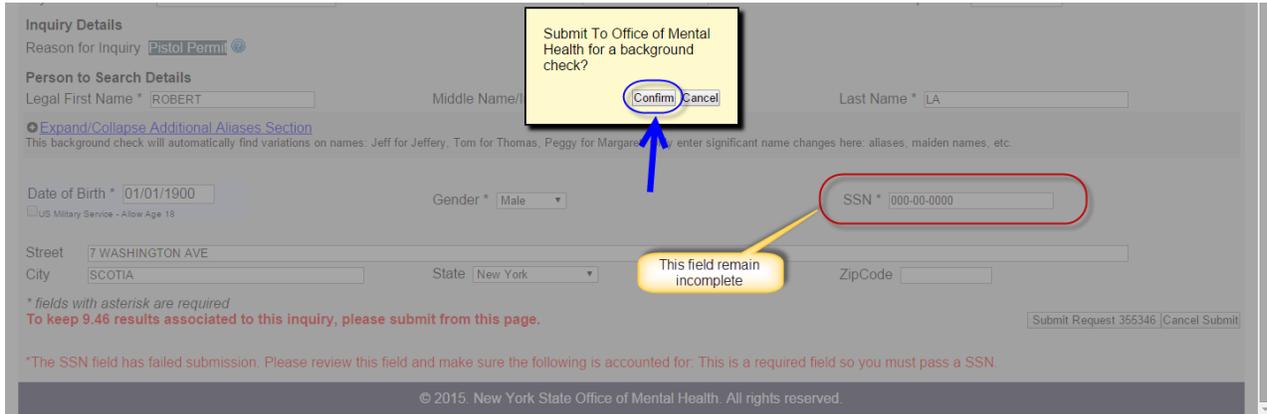
US Military Service - Allow Age 18

Street
 City State ZipCode

* fields with asterisk are required
To keep 9.46 results associated to this inquiry, please submit from this page.

*The SSN field has failed submission. Please review this field and make sure the following is accounted for: This is a required field so you must pass a SSN.

8. If the user tries to resubmit without fixing the field, they will be redirected back to this screen with the field highlighted in yellow and a “*” next to it.



Inquiry Details
Reason for Inquiry **Pistol Permi**

Person to Search Details
Legal First Name * ROBERT Middle Name/Initial Last Name * LA

[Expand/Collapse Additional Aliases Section](#)
This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

Date of Birth * 01/01/1900 Gender * Male SSN * 000-00-0000 *

Street 7 WASHINGTON AVE City SCOTIA State New York ZipCode

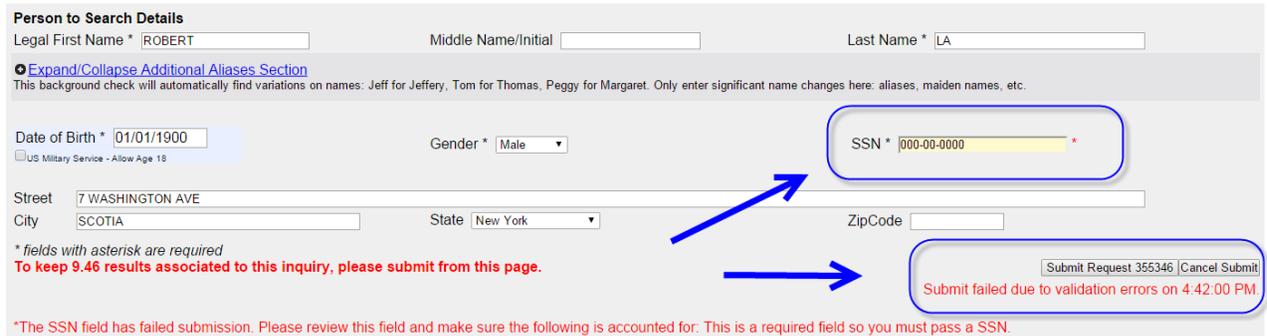
* fields with asterisk are required
To keep 9.46 results associated to this inquiry, please submit from this page.

Submit Request 355346 Cancel Submit

*The SSN field has failed submission. Please review this field and make sure the following is accounted for: This is a required field so you must pass a SSN.

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- a. Note that the error message of the failed resubmit will appear under the submit request and cancel submit button.



Person to Search Details
Legal First Name * ROBERT Middle Name/Initial Last Name * LA

[Expand/Collapse Additional Aliases Section](#)
This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

Date of Birth * 01/01/1900 Gender * Male SSN * 000-00-0000 *

Street 7 WASHINGTON AVE City SCOTIA State New York ZipCode

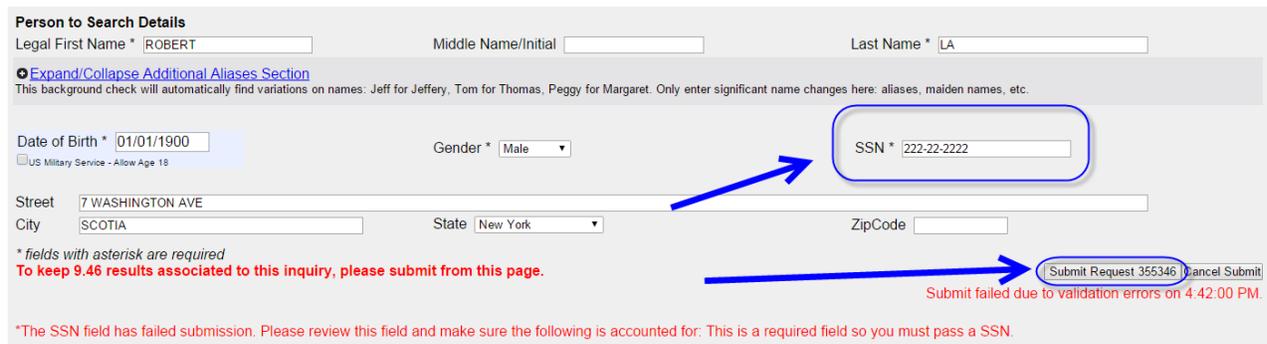
* fields with asterisk are required
To keep 9.46 results associated to this inquiry, please submit from this page.

Submit Request 355346 Cancel Submit

Submit failed due to validation errors on 4:42:00 PM.

*The SSN field has failed submission. Please review this field and make sure the following is accounted for: This is a required field so you must pass a SSN.

9. Once the field has been corrected, the user can select the “[Submit Request <Search Request ID Number>](#)”.



Person to Search Details
Legal First Name * ROBERT Middle Name/Initial Last Name * LA

[Expand/Collapse Additional Aliases Section](#)
This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.

Date of Birth * 01/01/1900 Gender * Male SSN * 222-22-2222

Street 7 WASHINGTON AVE City SCOTIA State New York ZipCode

* fields with asterisk are required
To keep 9.46 results associated to this inquiry, please submit from this page.

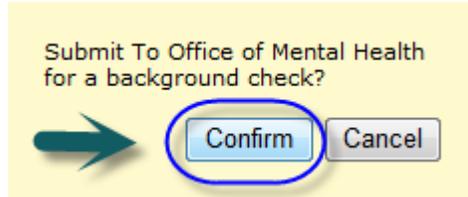
Submit Request 355346 Cancel Submit

Submit failed due to validation errors on 4:42:00 PM.

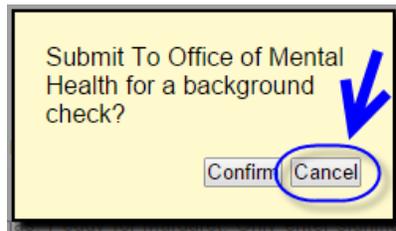
*The SSN field has failed submission. Please review this field and make sure the following is accounted for: This is a required field so you must pass a SSN.

10. When the user selects “[Submit Request <Search Request ID Number>](#)”, they will be redirected to a pop up

11. Before resubmission, you will be required to confirm the request for resubmission.



- a. If you select “[Cancel](#)” you will be redirected back to the resubmission you were working on with the edits you performed intact.



12. After selecting “[Confirm](#)” you will be redirected back to the Inquiry Results screen, however now the record you just resubmitted should have a status of “[Submitted](#)”

Filter By: Date Submitted: MM/DD/YYYY To: MM/DD/YYYY

Last Name: _____

Search Request ID: _____

Reason For Background Check: -- Select a Reason --

Already Exported: -- Select Yes or No --

Status: -- Select a Status --

Apply Filters Clear Filters

Create Zip Of Results

Rows Per Page: 10

Records 1-10 of 115476 Page 1 of 11548

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
467327	JOHN		AGUILERA	05/15/1965	08/13/2015	Submitted	Pistol Permit	"ABBOTT HOUSE (proxy)"	N
469468	JACQUELINE	MARIE	DODRMAN	06/10/1985	08/13/2015	Submitted	Pistol Permit	"ADMINISTRATION FOR CHILDREN'S SERVICE BROOKLYN(proxy)"	N
353811	NICHOLAS	E	KUCIACIK	06/03/1996	08/12/2015	Completed	Pistol Permit	"central office(proxy)"	Y
471788	Jacob		LARBER	08/03/1955	08/12/2015	Completed	Pistol Permit	"Aaron Evans Test Org(proxy)"	Y
471787	Charles		Dickson	01/01/1980	08/12/2015	Completed	Pistol Permit	Family Counseling Services	Y
468472	GREGORY	BYRON	MEANS	12/15/2004	08/07/2015	Attn Rqd - Not Submitted	Pistol Permit	"LIVINGSTON SHERIFF OFFICE(proxy)"	N
450507	JAMES	REESE	WAINWOOD	05/12/1989	08/03/2015	Completed	Pistol Permit	"ADMINISTRATION FOR CHILDREN'S SERVICES(proxy)"	Y
471778	Cover		Drive	06/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471775	John		Smith	06/06/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471774	Groot		Smith	12/12/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y

Records 1-10 of 115476 Page 1 of 11548

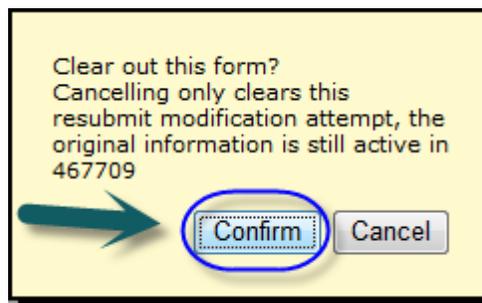
5.2 Cancelling a Resubmission of an Attn Rqd Request

1. While on the resubmission screen, if you wish to forgo the action, just select the “[Cancel Submit](#)” button at the bottom right side of the screen.



Person to Search Details
 Legal First Name * Middle Name/Initial Last Name *
 Expand/Collapse Additional Aliases Section
This background check will automatically find variations on names: Jeff for Jeffery, Tom for Thomas, Peggy for Margaret. Only enter significant name changes here: aliases, maiden names, etc.
 Date of Birth * Gender * SSN *
 US Military Service - Allow Age 18
 Street
 City State ZipCode
* fields with asterisk are required
 To keep 9.46 results associated to this inquiry, please submit from this page.
 Submit Request 469468 **Cancel Submit**
*SSN Cannot be [truncated] *The SSN field has failed submission. Please review this field and make sure the following is accounted for: This is a required field so you must pass a SSN.
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2. A pop up window will ask if you wish to clear out this form, select “[Confirm](#).” Take note, that this will not delete the original Attn-Rqd record, it will only delete the edits you applied to it during resubmission.



3. If you select “[Confirm](#)” you will be redirected to a blank Inquiry Request Screen ([see Section 3.0](#))
4. If you select “[Cancel](#)” you will be redirected to the resubmission you were working on, with all edits you performed intact.



6.0 MHBC - INQUIRY REQUEST SUBMISSION STATUS

6.1 Inquiry Requests Submission Status

1. Following Columns Heading will be displayed on the Results Screen, and user can perform sorting on these column headings to rearrange the results sequences and can apply filters to restrict the results display:

Inquiry ID, First Name, Middle Name, Last Name, Date of Birth, Date Submitted, Status, Reason for Check, Requesting Organization and Export Flag.

Filter By: Date Submitted: 09/19/2015 To: MM/DD/YYYY Requesting Organization:

Last Name:

Search Request ID:

Reason For Background Check: Pistol Permit

Already Exported: -- Select Yes or No --

Status: -- Select a Status --

Apply Filters Clear Filters

Filters Currently Applied:
Submit Date Filtered to exclude dates before **September 19, 2015**
Filtered to only show requests for **Pistol Permit**

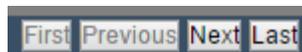
Create Zip Of Results

Rows Per Page: 10 Records 1-10 of 230 Page 1 of 23 First Previous Next La

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
470705	Henry	a	Harris	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider	Y
470704	George	a	Giles	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470703	Fiona	a	Farel	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470702	Earl	a	Evans	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider	Y
470701	Dan	a	Davis	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470700	Charles	a	Cole	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470699	Barb	a	Barbs	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470698	123Aaron	a	Abbott	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470367	JohnDOB	aa	Smith	01/01/1996	10/14/2015	Completed	Pistol Permit	"ADMINISTRATION FOR CHILDREN'S SERVICES(proxy)"	Y
470697	Clara		Mendoza	12/14/1928	10/13/2015	Completed	Pistol Permit	Family Counseling Services	Y

Records 1-10 of 230 Page 1 of 23 First Previous Next La

2. User can use standard navigational controls to display next, prior, first and last rows on this screen.



Rows Per Page: 10 Records 1-10 of 11 Page 1 of 2 First Previous Next Last

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
471787	Charles		Dickson	01/01/1980	08/12/2015	Submitted	Pistol Permit	Family Counseling Services	N
471776	Cover		Drive	08/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471775	John		Smith	06/06/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471774	Groot		Groot	12/12/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471773	Sarah		Parker	01/05/1940	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471772	Kristy		Aguleria	08/19/1970	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471771	Sarah		Carols	01/01/1980	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471770	Jessica		Simpson	05/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471769	Carl	John	Paul Jones	08/08/1990	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471768	John	Jacob	Jimberhimmersh	01/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y

Records 1-10 of 11 Page 1 of 2 First Previous Next Last

3. User can also select the number of records to display on a page.

Rows Per Page: 10 Records 1-10 of 11 Page 1 of 2 First Previous Next Last

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
471787	Charles		Dickson	01/01/1980	08/12/2015	Submitted	Pistol Permit	Family Counseling Services	N
471776	Cover		Drive	08/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471775	John		Smith	06/06/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471774	Groot		Groot	12/12/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471773	Sarah		Parker	01/05/1940	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	Y
471772	Kristy		Aguleria	08/19/1970	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471771	Sarah		Carols	01/01/1980	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471770	Jessica		Simpson	05/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471769	Carl	John	Paul Jones	08/08/1990	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471768	John	Jacob	Jimberhimmersh	01/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y

Records 1-10 of 11 Page 1 of 2 First Previous Next Last

6.2 Using Sort Features

1. User can review and check the inquiry status for all the submitted inquiries.
2. The User can perform sorts on any column header, rearranging information on ascending or descending order simply by selecting the column header.
3. Sort Examples:

Search Request ID ▲
773
851
872
873
891
931
991
1095
1096
<u>1097</u>

Search Request ID ▼
1097
1096
1095
991
<u>931</u>
891
873
872
851
773

First Name ▲
A
A
ALISON
Constance
DAVID
DOODY
Michael
ROSWELL
Test
Thomas

First Name ▼
William
Theodore
Theodore
Scott
Renee
Raymond
Mike
Michael
Merrilyn
Maria

Date of Birth
01/18/1904
11/22/1907
04/13/1913
04/01/1914
<u>01/29/1928</u>
10/17/1935
07/16/1936
09/05/1939
08/09/1941
09/05/1945

Date of Birth ▼
04/06/1990
10/08/1989
07/26/1983
07/29/1980
<u>01/01/1976</u>
02/02/1973
10/01/1965
06/28/1963
03/30/1963
04/02/1962

Status ▼
Submitted
Submitted
Completed

Status ▲
Completed
Completed
Completed
Completed

6.3 Using Filter By

Available Options:

1. **Date Submitted** – Date field Format – MM/DD/YYYY the two text boxes (Date Submitted From and to) are to provide a date range.

Filter By: Date Submitted To: MM/DD/YYYY

Last Name

Search Request ID

Reason For Background Check

Already Exported

Status

05/01/2015

May, 2015

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Apply Filters Clear Filters

Filters Currently Applied:

Filtered to only show requests for **Pistol Permit**

Today: August 12, 2015

Filter By: Date Submitted To: 08/12/2015

Last Name

Search Request ID

Reason For Background Check

Already Exported

Status

05/01/2015

08/12/2015

Apply Filters Clear Filters

Filters Currently Applied:

Submit Date Filtered to be between **May 01, 2015 and August 12, 2015**

Filtered to only show requests for **Pistol Permit**

Create Zip Of Results

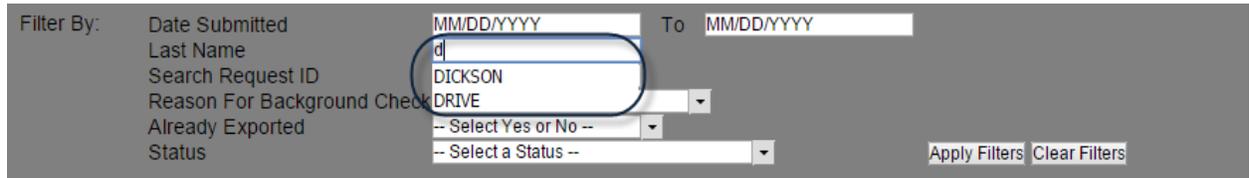
Rows Per Page: 10

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
471787	Charles		Dickson	01/01/1980	08/12/2015	Submitted	Pistol Permit	Family Counseling Services	N
471776	Cover		Drive	08/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471772	Kristy		Aguleria	08/19/1970	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471771	Sarah		Carols	01/01/1980	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471770	Jessica		Simpson	05/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471769	Carl	John	Paul Jones	08/08/1990	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471768	John	Jacob	Jimberhimmership	01/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y
471767	test	test	test	01/01/1900	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y

Records 1-8 of 8 Page 1 of 1 First Previous Next Last

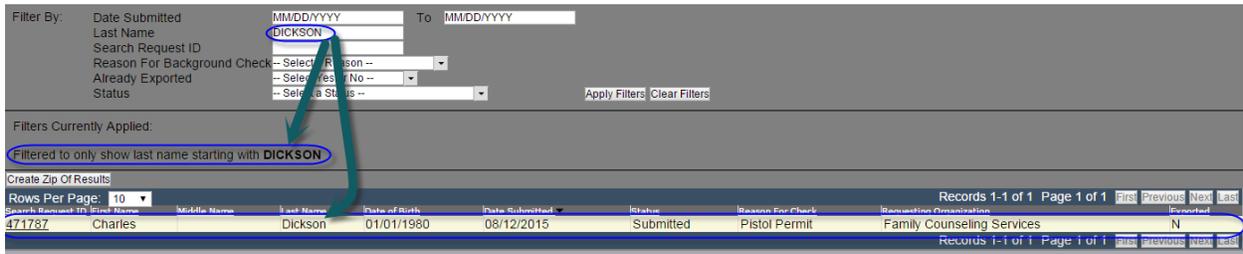
6.3 Using Filter By (Continued)

2. **Last Name** – Inquiry Request with applicant’s last names matches will be filtered out. As you start to type a last name a drop down menu of possible matches will appear.



Filter By: Date Submitted To
 Last Name
 Search Request ID
 Reason For Background Check
 Already Exported
 Status

Apply Filters Clear Filters



Filter By: Date Submitted To
 Last Name
 Search Request ID
 Reason For Background Check
 Already Exported
 Status

Filters Currently Applied:
 Filtered to only show last name starting with **DICKSON**

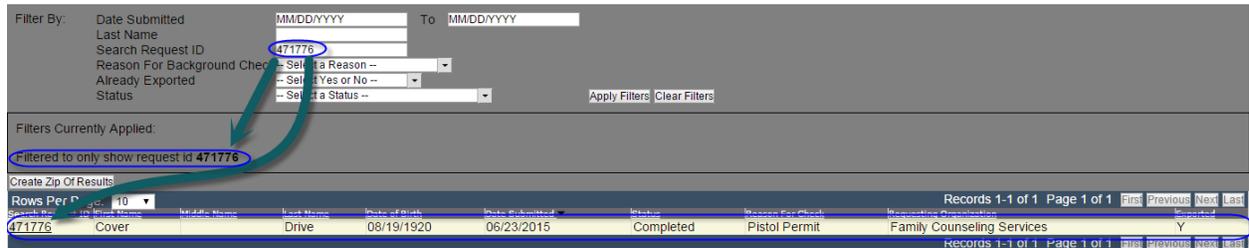
Create Zip Of Results

Rows Per Page: 10

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason for Check	Registration Organization	Exported
471767	Charles		Dickson	01/01/1980	08/12/2015	Submitted	Pistol Permit	Family Counseling Services	N

Records 1-1 of 1 Page 1 of 1 First Previous Next Last

3. **Search Request ID** – Only selected Inquiry Request will be displayed on the list.



Filter By: Date Submitted To
 Last Name
 Search Request ID
 Reason For Background Check
 Already Exported
 Status

Filters Currently Applied:
 Filtered to only show request id **471776**

Create Zip Of Results

Rows Per Page: 10

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason for Check	Registration Organization	Exported
471776	Cover		Drive	08/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	Y

Records 1-1 of 1 Page 1 of 1 First Previous Next Last

6.3 Using Filter By (Continued)

5. **Already Exported** – Results will be displayed based on if a report has been exported previously or not.

Filter By: Date Submitted To
 Last Name
 Search Request ID
 Reason For Background Check
 Already Exported
 Status

Filter By: Date Submitted To
 Last Name
 Search Request ID
 Reason For Background Check
 Already Exported
 Status

Filters Currently Applied:
 Filtered to only show **unexported**

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
471787	Charles		Dickson	01/01/1980	08/12/2015	Submitted	Pistol Permit	Family Counseling Services	<input type="checkbox"/>

Records 1-1 of 1 Page 1 of 1

6. **Status** – dropdown values “Submitted” or “Completed”

Filter By: Date Submitted To
 Last Name
 Search Request ID
 Reason For Background Check
 Already Exported
 Status

Rows Per Page: 10

Search Request ID	First Name	Middle Name	Last Name	Attn Rqd - Not Submitted	Date Submitted	Status	Reason For Check
471787	Charles		Dickson	Attn Rqd - Too Many Rsits	08/12/2015	Submitted	Pistol Permit
471776	Cover		Drive	Resubmitted - Too Many Rsits	06/23/2015	Completed	Pistol Permit

Filter By: Date Submitted To
 Last Name
 Search Request ID
 Reason For Background Check
 Already Exported
 Status

Filters Currently Applied:
 Request Status only showing **Completed**

Rows Per Page: 10

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
471776	Cover		Drive	08/19/1920	06/23/2015	Completed	Pistol Permit	Family Counseling Services	<input type="checkbox"/>
471775	John		Smith	06/06/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	<input type="checkbox"/>
471774	Groot		Groot	12/12/1960	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	<input type="checkbox"/>
471773	Sarah		Parker	01/05/1940	06/23/2015	Completed	Employment Eligibility	Family Counseling Services	<input type="checkbox"/>
471772	Kristy		Aguleria	08/19/1970	06/23/2015	Completed	Pistol Permit	Family Counseling Services	<input type="checkbox"/>
471771	Sarah		Carols	01/01/1980	06/23/2015	Completed	Pistol Permit	Family Counseling Services	<input type="checkbox"/>
471770	Jessica		Simpson	05/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	<input type="checkbox"/>
471769	Carl	John	Paul Jones	08/08/1990	06/23/2015	Completed	Pistol Permit	Family Counseling Services	<input type="checkbox"/>
471768	John	Jacob	Jimberhimmership	01/05/1950	06/23/2015	Completed	Pistol Permit	Family Counseling Services	<input type="checkbox"/>
471767	test	test	test	01/01/1900	06/23/2015	Completed	Pistol Permit	Family Counseling Services	<input type="checkbox"/>

Records 1-10 of 10 Page 1 of 1

6.3 Using Filter By (Continued)

1. These features are common to Pistol Permit, Explosive Permit, Rifle Permit and Employment Eligibility background checks.

Apply Filter Button:

2. When the user clicks this button, the system should filter all results in the “Inquiry Results” grid based on the filter criteria and refresh the data in the grid.



Clear Filters Button:

3. When the user clicks this button, the system should return to original display status.



6.4 Using Export Filtered Grid

1. Check to verify that the filters selected are the ones needed for the export.

Filter By: Date Submitted: 09/16/2015 To: MM/DD/YYYY Requesting Organization: _____

Last Name: _____

Search Request ID: _____

Reason For Background Check: Pistol Permit

Already Exported: -- Select Yes or No --

Status: -- Select a Status --

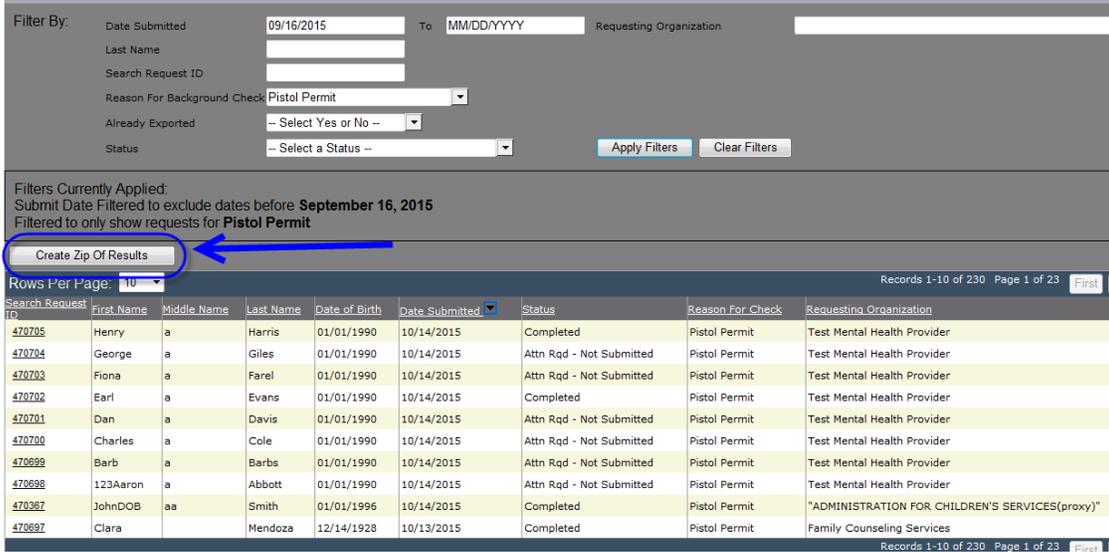
Filters Currently Applied:
 Submit Date Filtered to exclude dates before **September 16, 2015**
 Filtered to only show requests for **Pistol Permit**

Rows Per Page: 10 Records 1-10 of 230 Page 1 of 23

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
470705	Henry	a	Harris	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider	N
470704	George	a	Hiles	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470703	Fiona	a	Harel	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470702	Earl	a	Evans	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider	N
470701	Dan	a	Davis	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470700	Charles	a	Cole	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470699	Barb	a	Barbs	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470698	123Aaron	a	Abbott	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470387	JohnDOB	aa	Smith	01/01/1996	10/14/2015	Completed	Pistol Permit	"ADMINISTRATION FOR CHILDREN'S SERVICES(proxy)"	N
470697	Clara		Mendoza	12/14/1928	10/13/2015	Completed	Pistol Permit	Family Counseling Services	N

Records 1-10 of 230 Page 1 of 23

2. Next select the [“Create Zip Of Results”](#)



Filter By: Date Submitted 09/16/2015 To MM/DD/YYYY Requesting Organization

Last Name

Search Request ID

Reason For Background Check Pistol Permit

Already Exported -- Select Yes or No --

Status -- Select a Status --

Apply Filters Clear Filters

Filters Currently Applied:
Submit Date Filtered to exclude dates before **September 16, 2015**
Filtered to only show requests for **Pistol Permit**

Create Zip Of Results

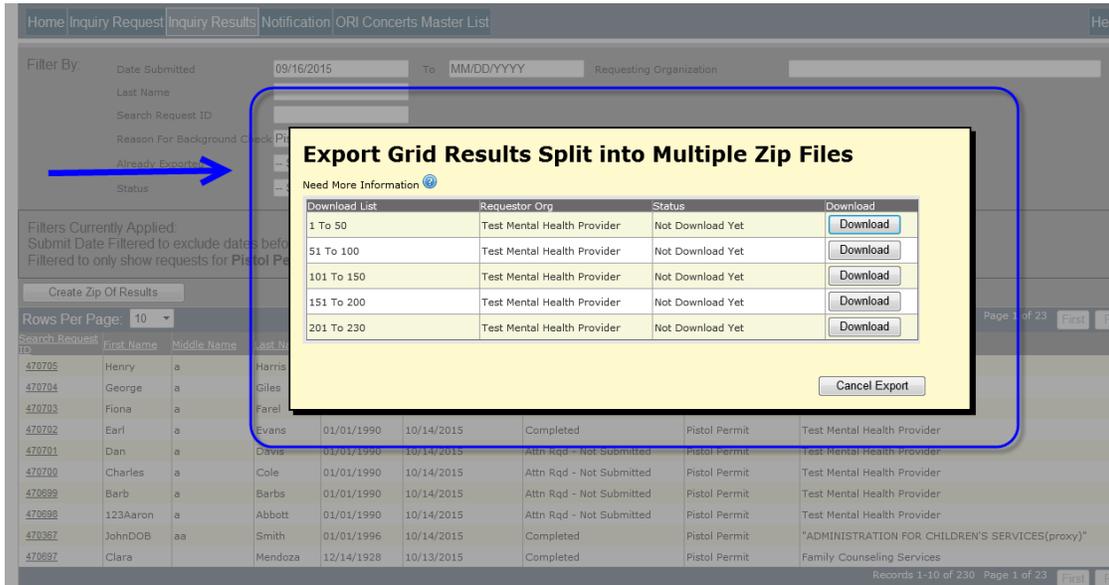
Rows Per Page: 10 Records 1-10 of 230 Page 1 of 23 First

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization
470705	Henry	a	Harris	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider
470704	George	a	Giles	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470703	Fiona	a	Farel	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470702	Earl	a	Evans	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider
470701	Dan	a	Davis	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470700	Charles	a	Cole	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470699	Barb	a	Barbs	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470698	123Aaron	a	Abbott	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470367	JohnDOB	aa	Smith	01/01/1996	10/14/2015	Completed	Pistol Permit	"ADMINISTRATION FOR CHILDREN'S SERVICES(proxy)"
470697	Clara		Mendoza	12/14/1928	10/13/2015	Completed	Pistol Permit	Family Counseling Services

Records 1-10 of 230 Page 1 of 23 First

3. Next the [“Export Grid Results Split into Multiple Zip Files”](#) prompt will appear.

a. All zip files will be split out into groups of 50 results.



Home Inquiry Request Inquiry Results Notification ORI Concerts Master List

Filter By: Date Submitted 09/16/2015 To MM/DD/YYYY Requesting Organization

Last Name

Search Request ID

Reason For Background Check Pistol Permit

Already Exported -- Select Yes or No --

Status -- Select a Status --

Apply Filters Clear Filters

Filters Currently Applied:
Submit Date Filtered to exclude dates before **September 16, 2015**
Filtered to only show requests for **Pistol Permit**

Create Zip Of Results

Rows Per Page: 10 Records 1-10 of 230 Page 1 of 23 First

Export Grid Results Split into Multiple Zip Files

Need More Information ?

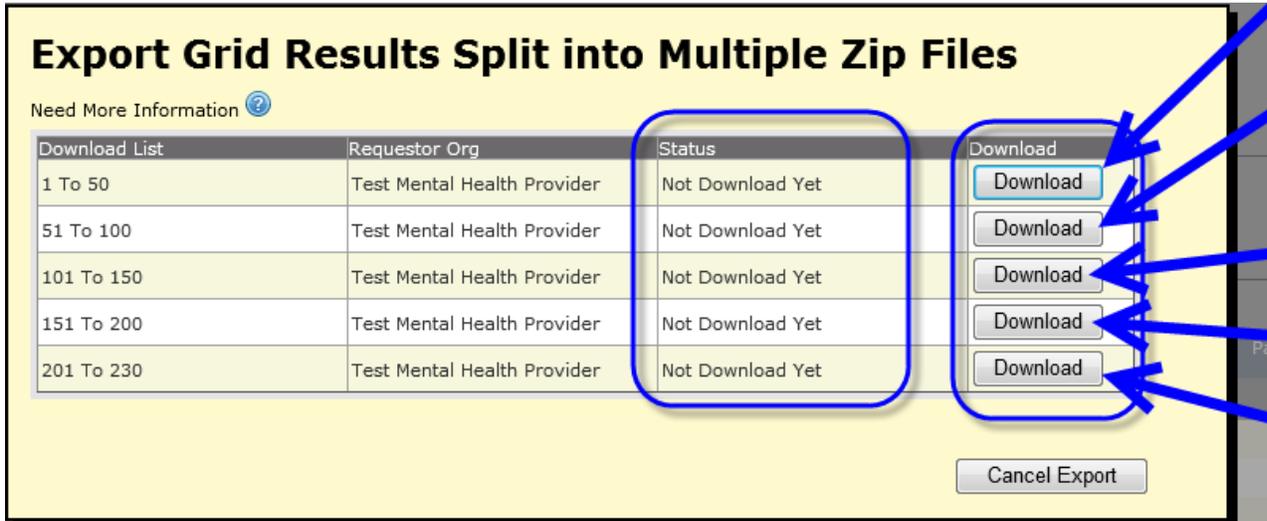
Download List	Requestor Org	Status	Download
1 To 50	Test Mental Health Provider	Not Download Yet	Download
51 To 100	Test Mental Health Provider	Not Download Yet	Download
101 To 150	Test Mental Health Provider	Not Download Yet	Download
151 To 200	Test Mental Health Provider	Not Download Yet	Download
201 To 230	Test Mental Health Provider	Not Download Yet	Download

Cancel Export

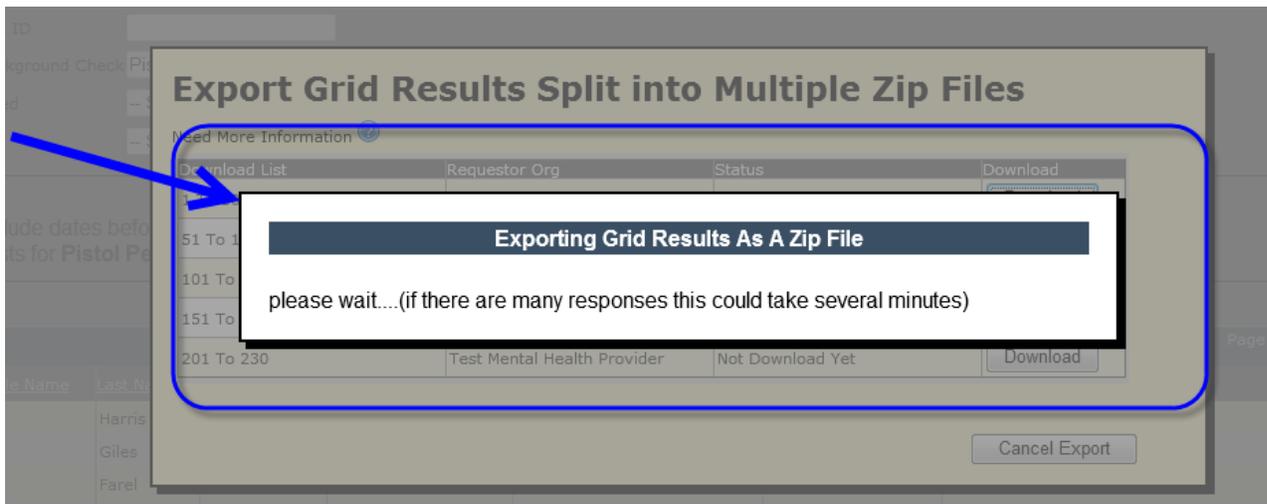
Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization
470705	Henry	a	Harris	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider
470704	George	a	Giles	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470703	Fiona	a	Farel	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470702	Earl	a	Evans	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider
470701	Dan	a	Davis	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470700	Charles	a	Cole	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470699	Barb	a	Barbs	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470698	123Aaron	a	Abbott	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider
470367	JohnDOB	aa	Smith	01/01/1996	10/14/2015	Completed	Pistol Permit	"ADMINISTRATION FOR CHILDREN'S SERVICES(proxy)"
470697	Clara		Mendoza	12/14/1928	10/13/2015	Completed	Pistol Permit	Family Counseling Services

Records 1-10 of 230 Page 1 of 23 First

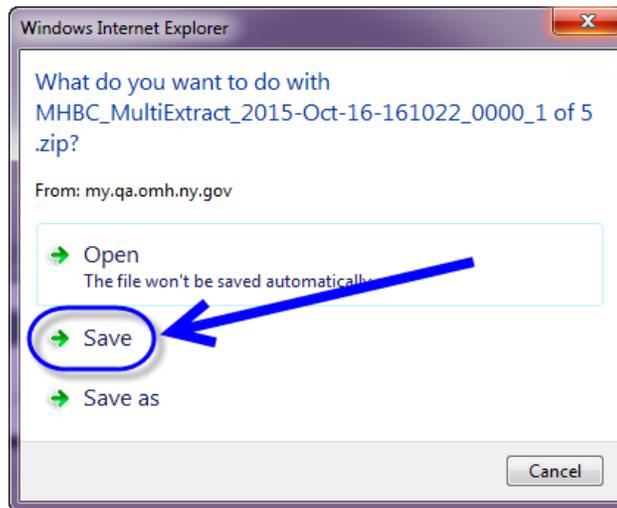
4. The user can then select any Zip File with a status of “[Not Download Yet](#)” and select the corresponding “[Download](#)” button.
 - a. You do not need to download the files in order.



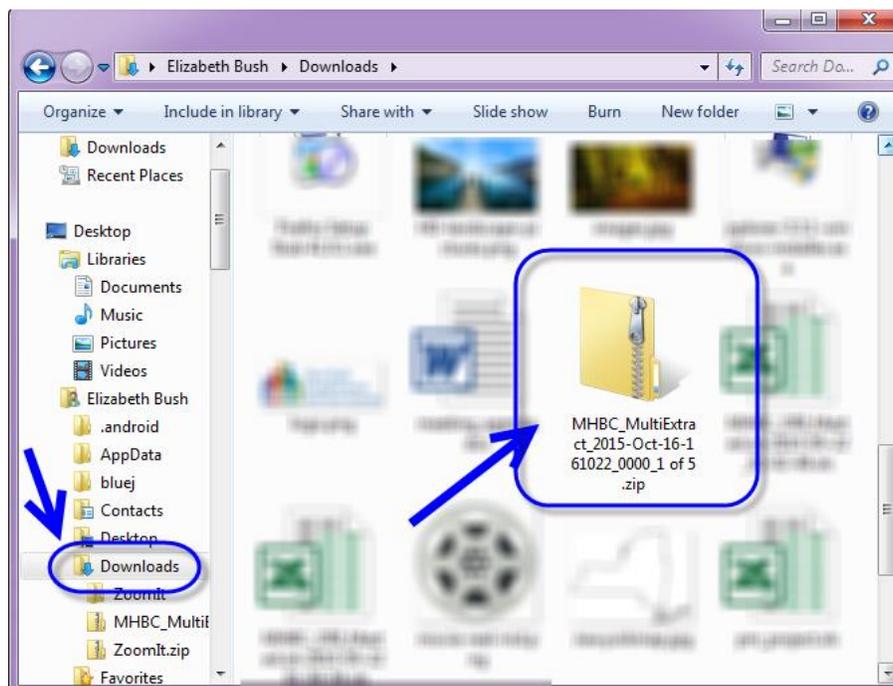
5. Once you select a “[Download](#)” button, the “[Exporting Grid Results As a Zip File](#)” message will appear informing you to wait for the download to complete.



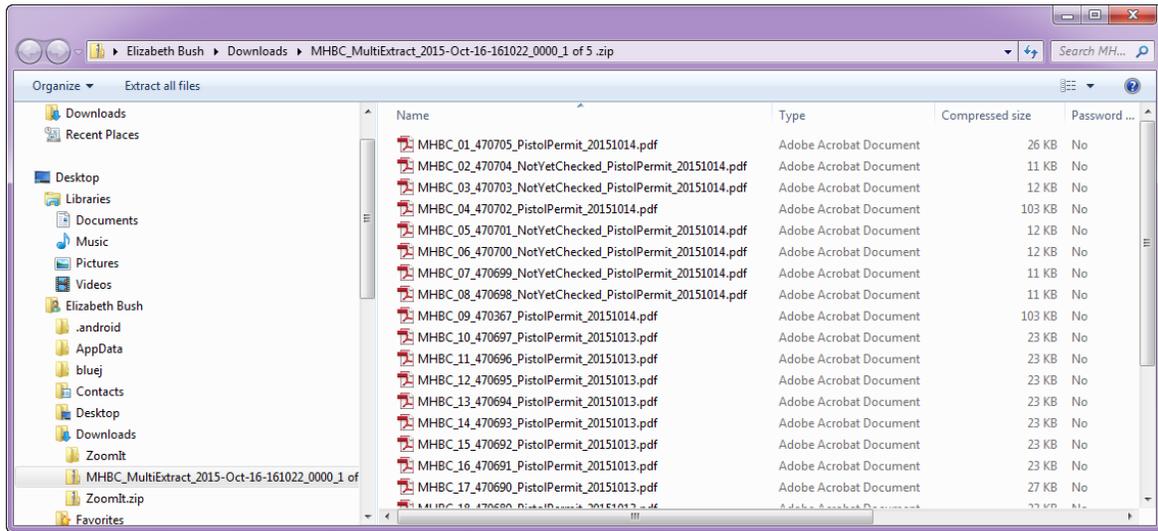
- Once it is finished downloading you will receive some prompt asking if you wish to “[Open](#),” “[Save](#),” or “[Save as](#)” the file. It is recommended that you select “[Save](#).”



- When you select “[Save](#)” the file will automatically save to your computer’s Downloads folder.



- Once you select the MHBC_MultiExtract folder, the list of downloaded results should be available for review.



- When you return to the MHBC Application, you will see that the file you downloaded has a status of “[Downloaded](#)” and the button now reads “[Re-Download](#)”

Export Grid Results Split into Multiple Zip Files

Need More Information ?

Download List	Requestor Org	Status	Download
1 To 50	Test Mental Health Provider	Downloaded	Re-Download
51 To 100	Test Mental Health Provider	Not Download Yet	Download
101 To 150	Test Mental Health Provider	Not Download Yet	Download
151 To 200	Test Mental Health Provider	Not Download Yet	Download
201 To 230	Test Mental Health Provider	Not Download Yet	Download

[Cancel Export](#)

10. When you have completed all the downloads, be sure to select the [“Done Export”](#)

Export Grid Results Split into Multiple Zip Files

Need More Information ?

Download List	Requestor Org	Status	Download
1 To 50	Test Mental Health Provider	Downloaded	Re-Download
51 To 100	Test Mental Health Provider	Downloaded	Re-Download
101 To 150	Test Mental Health Provider	Downloaded	Re-Download
151 To 200	Test Mental Health Provider	Downloaded	Re-Download
201 To 230	Test Mental Health Provider	Downloaded	Re-Download

Done Export

11. You will be returned to the Results Screen. All the export flags for results with a “complete” status will be changed to “Y”. (the records with any other status will still have an export flag of “N”)

Home Inquiry Request Inquiry Results Notification ORI Concerts Master List Help Contact Us Logout

Filter By: Date Submitted: 09/16/2015 To: MM/DD/YYYY Requesting Organization: []

Last Name: []

Search Request ID: []

Reason For Background Check: Pistol Permit

Already Exported: -- Select Yes or No --

Status: -- Select a Status --

Apply Filters Clear Filters

Filters Currently Applied:
Submit Date Filtered to exclude dates before **September 16, 2015**
Filtered to only show requests for **Pistol Permit**

Create Zip Of Results

Rows Per Page: 10 Records 1-10 of 230 Page 1 of 23 First Previous Next Last

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
470705	Henry	a	Harris	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider	Y
470704	George	a	Giles	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470703	Fiona	a	Farel	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470702	Earl	a	Evans	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider	Y
470701	Dan	a	Davis	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470700	Charles	a	Cole	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470699	Barb	a	Barbs	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470698	123Aaron	a	Abbott	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider	N
470367	JohnDOB	aa	Smith	01/01/1996	10/14/2015	Completed	Pistol Permit	"ADMINISTRATION FOR CHILDREN'S SERVICES(proxy)"	Y
470697	Clara		Mendoza	12/14/1928	10/13/2015	Completed	Pistol Permit	Family Counseling Services	Y

6.5 Canceling the Export Filtered Grid

1. If you wish to cancel the export at any point, select the “[Cancel Export](#)” Button.

Export Grid Results Split into Multiple Zip Files

Need More Information 

Download List	Requestor Org	Status	Download
1 To 50	Test Mental Health Provider	Not Download Yet	<input type="button" value="Download"/>
51 To 100	Test Mental Health Provider	Not Download Yet	<input type="button" value="Download"/>
101 To 150	Test Mental Health Provider	Not Download Yet	<input type="button" value="Download"/>
151 To 200	Test Mental Health Provider	Not Download Yet	<input type="button" value="Download"/>
201 To 230	Test Mental Health Provider	Not Download Yet	<input type="button" value="Download"/>



2. The application will create a prompt asking if you wish to cancel the Export.
 - a. Select “[Confirm Cancel Export Multiple Zip Downloads](#)” if you wish to stop the export.
 - b. Select “Go back and Continue Downloading” if you wish to return to exporting.

Export Grid Results Split into Multiple Zip Files

You have downloads not yet exported.

Do you want to cancel?

If you do, another export will be different and will be associated with whatever your filter settings and sort order are.

Harris					
Giles					
Farel					
Evans	01/01/1990	10/14/2015	Completed	Pistol Permit	Test Mental Health Provider
Davis	01/01/1990	10/14/2015	Attn Rqd - Not Submitted	Pistol Permit	Test Mental Health Provider



7.0 MHBC - INQUIRY REQUEST RESULTS

7.1 Additional Details View (Possible Match Found)

1. To view the Inquiry Results, user selects an inquiry request which has status as [“Completed”](#).
 - a. To view the record, you will need to select the Search Request ID.

Search Request ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Exported
471787	Charles		Dickson	01/01/1980	08/12/2015	Completed	Pistol Permit	Family Counseling Services	Y

2. System pops up [“Additional Details View Screen”](#) displaying the selected inquiry requests details.

Additional Details View (OMH PHI)

OMH Search Request ID: 471787
Status: Completed
Date/Time Submitted: 08/12/2015 11:18 AM
Submitted by organization: Family Counseling Services

Inquiry Details

Reason for Inquiry: Pistol Permit

Person to Search Details

Primary Name: Charles Dickson

[Additional Aliases](#)

No additional aliases were specified

Date of Birth: January 01, 1980
Gender: Male
Social Security Number: 123-45-6789
Street Address:
City, State Zip: , New York

3. User clicks on the [“View Results”](#) button, system will navigate to Result Pages.
4. These steps are common to Pistol Permit, Explosive Permit, Rifle Permit, and Employment Eligibility background checks.

Search ID	First Name	Middle Name	Last Name	Date of Birth	Date Submitted	Status	Reason For Check	Requesting Organization	Export Y/N
John	K	Smith	01/01/1960	01/14/2013	Completed	Pistol Permit	OMH Central Office	N	

1 of 1

5. If at any time the user has exported the results in PDF format, this column is marked as “Y” otherwise it will remain marked as “N” the default value.

7.2 Inquiry Request Results – Three possible Scenarios

System will automatically generate inquiry request results displayed on the official OMH letterhead with color-coded result identification mark:

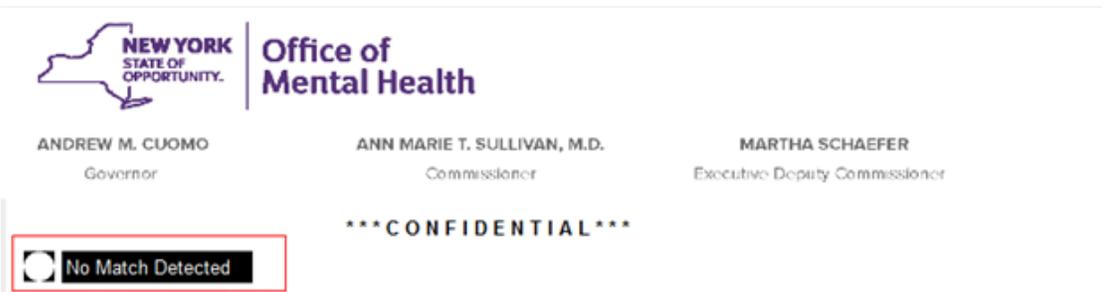
1. [Letter Head of a Strong Match Result](#)



2. [Letter Head of a Possible Match Result](#)



3. [Letter Head of a No Match Detected Result](#)



7.3 Inquiry Search Result Page (Example of a Strong Match)

1. Sample of a “Strong Match” Result Page:

A strong match was found for request id 116 Export to PDF Return To Inquiry Results

1 of 1



**Office of
Mental Health**

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MARTHA SCHAEFER
Executive Deputy Commissioner

CONFIDENTIAL

Strong Match Result *

Reason for Inquiry: Pistol Permit **Status As Of:** May 16, 2012

OMH Search Request ID: 116

Submitted By: Nyiser Test2 - Family Counseling Services

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
Diane .		Female		2011 ... 13669

A search of NYS Office of Mental Health computerized files using information above returned following.

Treatment	Name	DOB	Facility	Case No	Adm. Dt.	Disch. Dt.
Inpatient	DIANE		Psychiatric Center			

Facility Contact Information

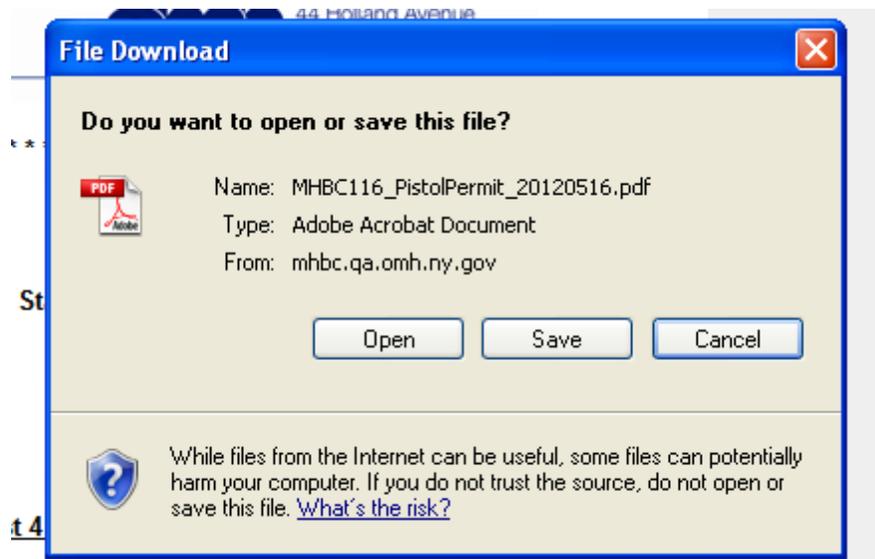
Facility	Street	City	State	Zip	Phone
Psychiatric Center	Point Drive	Ogdensburg	NY	13669-2291	

2. User wants to skip this and go back, click on the [“Return to Inquiry Results”](#) button.
3. User wants to export this in to a PDF document, click on the [“Export to PDF”](#) button.



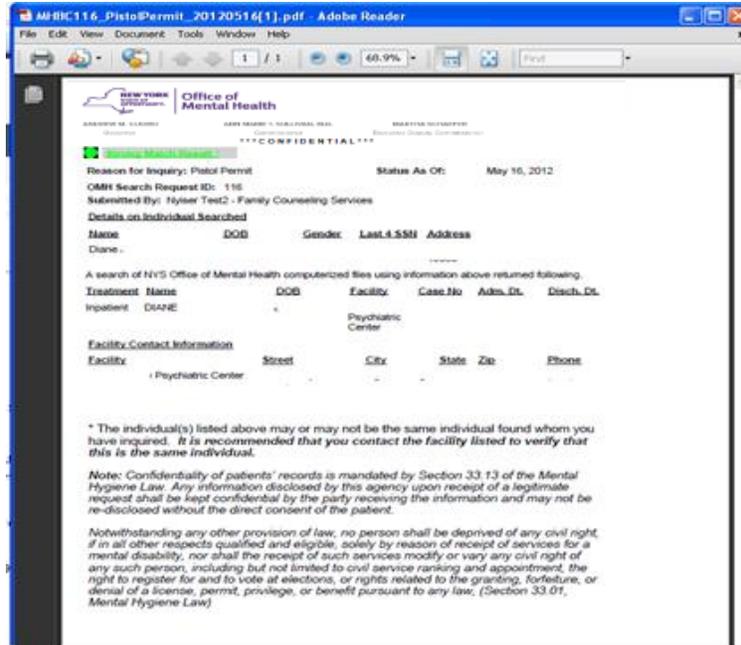
7.4 Inquiry Results (Export, Save & Print in PDF Format)

4. To generate the PDF document, click on the “Open” button.
5. To generate & save as PDF document, click on the “Save” button.
6. To cancel this process, click on the Cancel button.
7. Once the result page is exported in PDF format , the “Export Y/N” column in the Results Grid will be marked as “Y” for the corresponding Search Request Id.
8. These steps are common to Pistol Permit, Explosive Permit, Rifle Permit, and Employment Eligibility background checks.



7.5 Strong Match Result – Sample PDF Letters

Pistol Permit:



Employment Eligibility:



7.6 Inquiry Search Result Page (Example of a Possible Match)

Pistol Permit:

possible match was found for request id 81 Export to PDF Return To Inquiry Results

1 of 1



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MARTHA SCHAEFER
Executive Deputy Commissioner

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Possible Match Result *

Reason for Inquiry: Pistol Permit Status As Of: Apr 20, 2012

OMH Search Request ID: 81

Submitted By: - OMH Central Office

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
John N Smithh	Jan 01, 1960	Male	3333	1663 Central Avenue, Albany, NY 12110
Jone Smith	Jan 01, 1960	Male	3333	1663 Central Avenue, Albany, NY 12110
Jon N Smmeth	Jan 01, 1960	Male	3333	1663 Central Avenue, Albany, NY 12110

A search of NYS Office of Mental Health computerized files using information above returned following.

Treatment	Name	DOB	Facility	Case No	Adm. Dt.	Disch. Dt.
Inpatient	JOHN N SMITH	DEC	Manhattan Psychiatric Center			12

Facility Contact Information



7.7 Possible Match Result – Sample PDF Letter

Pistol Permit:

**Office of
Mental Health**

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MARTHA SCHAEFER
Executive Deputy Commissioner

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Possible Match Result *

Reason for Inquiry: Pistol Permit Status As Of: Apr 20, 2012

OMH Search Request ID: 81

Submitted By: - OMH Central Office

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
John N Smithh	Jan 01, 1960	Male	3333	1663 Central Avenue, Albany, NY 12110
Jone Smith	Jan 01, 1960	Male	3333	1663 Central Avenue, Albany, NY 12110
Jon N Smmeth	Jan 01, 1960	Male	3333	1663 Central Avenue, Albany, NY 12110

A search of NYS Office of Mental Health computerized files using information above returned following.

Treatment	Name	DOB	Facility	Case No	Adm. Dt.	Disch. Dt.
Inpatient	JOHN N SMITH	DEC	Manhattan Psychiatric Center			12

Facility Contact Information

Facility	Street	City	State	Zip	Phone
Manhattan Psychiatric Center	600 East 125th Street, 4th Floor	New York	NY	10035-6098	(646) 672-6000

* The individual(s) listed above may or may not be the same individual found whom you have inquired. **It is recommended that you contact the facility listed to verify that this is the same individual.**

Note: Confidentiality of patients' records is mandated by Section 33.13 of the Mental Hygiene Law. Any information disclosed by this agency upon receipt of a legitimate request shall be kept confidential by the party receiving the information and may not be re-disclosed without the direct consent of the patient.

Notwithstanding any other provision of law, no person shall be deprived of any civil right, if in all other respects qualified and eligible, solely by reason of receipt of services for a mental disability, nor shall the receipt of such services modify or vary any civil right of any such person, including but not limited to civil service ranking and appointment, the right to register for and to vote at elections, or rights related to the granting, forfeiture, or denial of a license, permit, privilege, or benefit pursuant to any law, (Section 33.01, Mental Hygiene Law)

7.8 Inquiry Search Result Page (No Match Detected)

Pistol Permit:

0 match was found for request id 82 [Export to PDF](#) [Return To Inquiry Results](#)

1 of 1

NEW YORK STATE OF OPPORTUNITY | Office of Mental Health

ANDREW M. CUOMO Governor | ANN MARIE T. SULLIVAN, M.D. Commissioner | MARTHA SCHAEFER Executive Deputy Commissioner

No Match Detected

Reason for Inquiry: Pistol Permit Status As Of: Apr 20, 2012

OMH Search Request ID: 82

Submitted By: - OMH Central Office

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
Mike Siths	Jan 01, 1976	Male	3333	1345 Park Street, Latham, NY 12110

A search of NYS Office of Mental Health computerized files, in accordance with Mental Hygiene Law 33.13, has disclosed **NO RECORD** of a person by the name(s) above. We maintain files on all individuals served by the NYS OMH operated Psychiatric Centers. The files cover the period from April 1, 1965 to the present.

Our records **DO NOT** include services provided by Alcohol or Substance Abuse Treatment Centers, or facilities operated by the NYS Office for Persons with Developmental Disabilities (OPWDD).
Note: Confidentiality of patients' records is mandated by Section 33.13 of the Mental Hygiene Law. Any information disclosed by this agency upon receipt of a legitimate request shall be kept confidential by the

Employment Eligibility:

NEW YORK STATE OF OPPORTUNITY | Office of Mental Health

ANDREW M. CUOMO Governor | ANN MARIE T. SULLIVAN, M.D. Commissioner | MARTHA SCHAEFER Executive Deputy Commissioner

No Match Detected

Reason for Inquiry: Employment Eligibility Status As Of: Apr 19, 2012

OMH Search Request ID: 31

Submitted By: Aaron Evans (login: ISTCAFE) - OMH Central Office

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
Shay M McNealy	Sep 14, 1957	Male	1234	NY

Employment checks are **not** sufficient for Pistol, Rifle or Explosives checks. Please perform a *separate* check if a firearm permit is needed.

A search of NYS Office of Mental Health computerized files, in accordance with Mental Hygiene Law 33.13, has disclosed **NO RECORD** of a person by the name(s) above. We maintain files on all individuals served by the NYS OMH operated Psychiatric Centers. The files cover the period from April 1, 1965 to the present.

7.9 No Match Detected – Sample PDF Letters

Pistol Permit:

NEW YORK STATE OF OPPORTUNITY | Office of Mental Health

ANDREW M. CUOMO, Governor | ANN MARIE T. SULLIVAN, M.D., Commissioner | MARTHA SCHAEFER, Executive Deputy Commissioner

CONFIDENTIAL

No Match Detected

Reason for Inquiry: Pistol Permit Status As Of: Apr 20, 2012

OMH Search Request ID: 82

Submitted By: - OMH Central Office

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
Mike Siths	Jan 01, 1976	Male	3333	1345 Park Street, Latham, NY 12110

A search of NYS Office of Mental Health computerized files, in accordance with Mental Hygiene Law 33.13, has disclosed **NO RECORD** of a person by the name(s) above. We maintain files on all individuals served by the NYS OMH operated Psychiatric Centers. The files cover the period from April 1, 1965 to the present.

Our records **DO NOT** include services provided by Alcohol or Substance Abuse Treatment Centers, or facilities operated by the NYS Office for Persons with Developmental Disabilities (OPWDD).

Note: Confidentiality of patients' records is mandated by Section 33.13 of the Mental Hygiene Law. Any information disclosed by this agency upon receipt of a legitimate request shall be kept confidential by the party receiving the information and may not be re-disclosed without the direct consent of the patient.

Notwithstanding any other provision of law, no person shall be deprived of any civil right, if in all other respects qualified and eligible, solely by reason of receipt of services for a mental disability, nor shall the receipt of such services modify or vary any civil right of any such person, including but not limited to civil service ranking and appointment, the right to register for and to vote at elections, or rights related to the granting, forfeiture, or denial of a license, permit, privilege, or benefit pursuant to any law, (Section 33.01, Mental Hygiene Law)

OMH PHI

Employment Eligibility:

NEW YORK STATE OF OPPORTUNITY | Office of Mental Health

ANDREW M. CUOMO, Governor | ANN MARIE T. SULLIVAN, M.D., Commissioner | MARTHA SCHAEFER, Executive Deputy Commissioner

CONFIDENTIAL

No Match Detected

Reason for Inquiry: Employment Eligibility Status As Of: May 24, 2012

OMH Search Request ID: 532

Submitted By: Aaron Evans (login: ISTCAFE) - OMH Central Office

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
A B	Feb 20, 1851	Male	3333	NY

Person was age 114 when OMH converted to electronic records in April 01, 1965. A paper request can be submitted to ensure no public institution inpatient and/or outpatient occurrences predate electronic recordkeeping.

Employment checks are **not** sufficient for Pistol, Rifle or Explosives checks. Please perform a *separate* check if a firearm permit is needed.

A search of NYS Office of Mental Health computerized files, in accordance with Mental Hygiene Law 33.13, has disclosed **NO RECORD** of a person by the name(s) above. We maintain files on all individuals served by the NYS OMH operated Psychiatric Centers. The files cover the period from April 1, 1965 to the present.

Our records **DO NOT** include services provided by Alcohol or Substance Abuse Treatment Centers, or facilities operated by the NYS Office for Persons with Developmental Disabilities (OPWDD).

Note: Confidentiality of patients' records is mandated by Section 33.13 of the Mental Hygiene Law. Any information disclosed by this agency upon receipt of a legitimate request shall be kept confidential by the party receiving the information and may not be re-disclosed without the direct consent of the patient.



7.10 DCJS PPA Submissions (MHL 9.46)—Strong Match results- Sample PDF Letters



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MARTHA SCHAEFER
Executive Deputy Commissioner

*** CONFIDENTIAL ***

Two different types of searches are represented in this letter, NYS Division of Criminal Justice records regarding 9.46 Mental Health Reports, and the NYS Office of Mental Health treatment records. Below you will find any results for each separately identified.

A search of NYS Division of Criminal Justice computerized files regarding 9.46 Mental Health Reports returned the following :

Name	DOB	Mental Health Professional	Telephone #	Date of Report
R. [REDACTED]	[REDACTED]	M. [REDACTED]	[REDACTED]	[REDACTED]

* The individual listed above may or may not be the same individual you have inquired. It is recommended that you contact the Mental Health Professional listed to verify the person named in the report is the same person for whom you are inquiring.

Strong Match Result *

Reason for Inquiry: Pistol Permit

Status As Of: [REDACTED]

OMH Search Request ID: [REDACTED]

Submitted By: [REDACTED]

Details on Individual Searched

Name	DOB	Gender	Last 4 SSN	Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

A search of NYS Office of Mental Health computerized files using information above returned following.

Treatment Name	DOB	Facility	Case No	Adm. Dt.	Disch. Dt.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Facility Contact Information

Facility	Street	City	State	Zip	Phone
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* The individual(s) listed above may or may not be the same individual found whom you have inquired. It is recommended that you contact the facility listed to verify that this is the same individual.

Note: Confidentiality of patients' records is mandated by Section 33.13 of the Mental Hygiene Law. Any information disclosed by this agency upon receipt of a legitimate request shall be kept confidential by the party receiving the information and may not be re-disclosed without the direct consent of the patient.

