

PROCESS OVERVIEW

Goodwill of Colorado's Goodwheels Department participates in Transdev Health Solutions. Transportation Providers: As the state contracted broker for Health First Colorado, Transdev manages NEMT services for the entire state of Colorado. We focus on providing safe and timely transportation to give Medicaid members more flexibility, freedom and control over their personal health. In Colorado, we need a strong network of independent drivers and transportation providers as well as volunteers, local residents, facilities and community organizations with access to working vehicles to support the Health First program.

For more information about Transdev and the services they provide visit:

<https://transdevhealthsolutions.com/colorado/about/>

To obtain proper credentialing for Colorado NEMT Providers, there are additional background checks required:

- [Colorado Bureau of Investigation \(CBI\) – Internet Criminal History Check \(IHC\)](#)
- [Federal Bureau of Investigation \(FBI\) – Identity History Summary/Rap Sheet \(or proof one does not exist\)](#)
- [Colorado Department of Revenue \(DMV\) – Motor Vehicle Record/Driving Record \(7-year search\)](#)

Additional background checks will be paid for by Goodwill of Colorado – Goodwheels, please do not request a background check and submit your own form of payment without prior permission from the Goodwheels Manager.

If you have any questions or concerns, please contact your Goodwheels Manager or HR.

CBI INTERNET CRIMINAL HISTORY CHECK



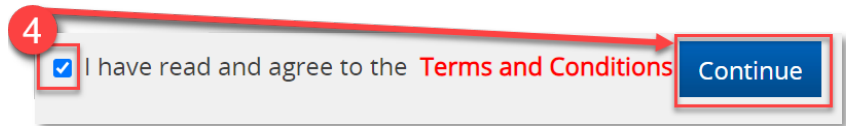
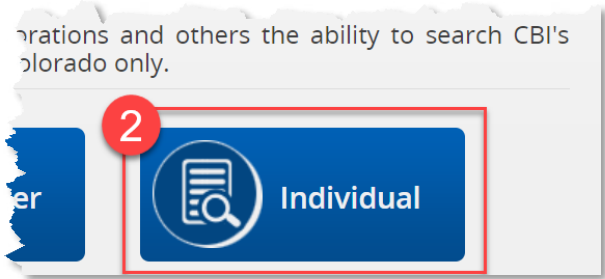
You will need:

- Full Legal Name
- Date of Birth
- Your Social Security Number
- Goodwheels Manager – for payment

1. Access the CBI Internet Criminal History Check System website:

<https://www.cbirecordscheck.com/>

2. Click the blue 'Individual' button on the bottom right.
3. Read the Terms & Limitations.
4. **Check the box** to indicate you have read and agree to the Terms and Conditions. Then click **Continue**.



5. Carefully enter your information into the fields provided.

***You do not need to enter an IDT Number.**

A screenshot of a form for entering personal information. A red circle with the number '5' is at the top left, with red arrows pointing to the 'First Name *', 'Last Name: *', and 'Date of Birth: *' fields. The 'Date of Birth' field is a dropdown menu showing 'January' and '01'. Below it is a 'Social Security Number' field with a hyphenated format. At the bottom, there is an 'IDT Number' field with a red 'X' over it, indicating it is not required. Red text provides instructions: 'Please do not include suffix, i.e. Jr, Sr, I, II, Esq.' and 'Providing social security number may result in a better mat... Number issued and provide...'. A red box highlights the 'Continue' button at the bottom right.

6. Click **Continue**.



7. Review the information you entered for accuracy. **Ensure there are no typos.**

The information of the individual whom you would like to check.

A screenshot of a review screen. At the top, it says 'Review the information below and click either the Continue button to accept or the Go Back button to make corrections. Buttons are located on the bottom of the screen.' Below this is a list of fields: 'First Name:', 'Last Name:', 'Date of Birth:', 'Social Security #:', and 'IDT:'. A red circle with the number '7' is above the 'First Name' field, and a red box highlights the entire list of fields. At the bottom, there are two buttons: a grey 'Go Back' button and a blue 'Continue' button. A red circle with the number '8' is above the 'Continue' button, which is highlighted with a red box.

8. Click **Continue**.



9. On the next screen, provide your information under ‘User Information.’

9 USER INFORMATION

First Name * Last Name *

Address *

City * State* Colorado Zip Code*

Daytime Telephone () - E-mail

10. Your manager will provide the Billing Address and Payment Information.

***Billing Address:**

1460 Garden of the Gods Rd.
Colorado Springs, CO 80907

10 BILLING ADDRESS

Check if address is same as account address above (Address must be written as it appears in the billing statement)

First Name * Last Name *

Address *

City * State Colorado Zip Code *

PAYMENT INFORMATION

Credit Card # * Security Code * [Click for Definitions](#)

Credit Card Type Visa Expiration Date * 07 (month)* 2024 (year)

11. Click **Continue**.



12. You will be taken to the Search Results page. Depending on the commonality of your name and date of birth, multiple search results may occur. If multiple results occur, evaluate all the information that is available to ensure you are selecting the record that pertains to you.

13. You will get an option of how you want the report to be delivered – **choose to print the pdf.**



FBI IDENTITY HISTORY SUMMARY/RAP SHEET (Or proof one does not exist)



You will need:

- Full Legal Name
- Social Security Number
- Your Mailing Address

1. Access the Identity History Summary Checks website:

<https://www.edo.cjis.gov/#/>

***The FBI recommends using Internet Explorer, Microsoft Edge, or Mozilla Firefox browsers.**

2. Scroll down, about halfway down the page until you see the section titled 'How to Submit a Request.' In the blue box on the right, **enter your email address.**

How to Submit a Request

A secure link, along with a personal identification number, will be sent to the specified address and will be used to complete the online application. < the status of your application and to access your results. You may optionally elect to have your results sent to you by First-Class Mail via the U.S.

*If address below to start the Identity History Summary Check process.

Enter your e-mail address to get started!

3. **Check your email.**
You will receive next steps from edo@services.fbi.gov



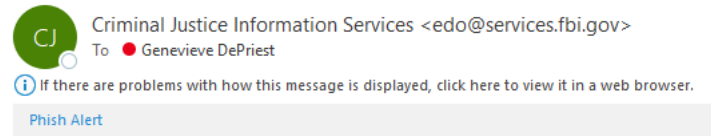
***You may need to check Junk/Spam folders**



4. Click the link provided in the email to access your request.

***You will need the provided PIN for step 6.**

Identity History Summary Request



CAUTION: This email originated from outside the organization. Do not click the link or open attachments u

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Click [here](#) to access your request.
PIN:

Please keep this e-mail to check the status of your request in the future, and to link/pin.

If you have any questions regarding this e-mail contact 304-625-5590 or [identity](#)

5. You will be brought to a notification that explains record usage requirements. Click **Continue**.

Pursuant to 28 CFR 16.30-16.34, an Identity History Summary is provided solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. It is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33. If the reason you are requesting an Identity History Summary or proof that an Identity History Summary does not exist is for employment, licensing, or adoption purposes within the United States, you may be required by state statute or federal law to submit your request through your state identification bureau, requesting federal agency, or other authorized channeling agency. Please contact the requesting agency or the appropriate state identification bureau (or state police) for additional information. For a list of state identification bureaus, visit <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/state-identification-bureau-listing>.

5

6. Enter the PIN from your email confirmation and click **Login**.

7. **Privacy Act Statement:** review the Privacy Act Statement and **check the box** next to 'I Accept.'

Authority: The collection of information on this form is authorized by 28 U.S.C. 534 and 28 CFR 16.30-16.34.

Principal Purpose: The principal purpose for requesting your information is to allow the FBI to respond to your request for, or challenge of, your identity history record in the FBI's Next Generation Identification (NGI) system. The FBI may also search your information in the law enforcement files (e.g. warrants and warrants) of its National Crime Information Center (NCIC) system. You are not required to provide the requested information to the FBI; however, failure to provide the requested information may result in a delay or inability of the FBI to process your request or challenge.

Social Security Account Number (SSAN): Your SSAN (or the last 4 digits) is requested to keep records accurate because other people may have the same name and date of birth. Your SSAN will be used to assist with verifying your identity. You are not required to provide your SSAN and failure to provide your SSAN will not result in a denial of your request or challenge.

Routine Uses: During the processing of your request or challenge and for as long thereafter as your information is retained by the FBI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable routine uses, including those in the System of Records Notice for NGI, 81 Fed. Reg. 27,284 (May 5, 2016), 82 Fed. Reg. 24151,156 (May 25, 2017). Information you provide to support your request or challenge may be used to update records in government databases.

By checking the 'I Accept' box below, I acknowledge that I have reviewed and understand the Privacy Act Statement.

7 I Accept

8

8. Click **Continue**.

1 Personal Information

Last Name: [] First Name: []

Middle Name 1: [] Middle Name 2: [] Name Suffix: [Select a Suffix]

Date of Birth: [MM/dd/YYYY] Place of Birth: [Select a place of birth] U.S. Citizen or Legal Permanent Resident?: [Please Choose]

Country of Citizenship: [Select one or more countries of citizenship] Country of Residence: [Select one or more countries of residence] Prisoner Number: [] Social Security Number: [Last four digits or full SSN]

Sex: [Select a Sex] Race: [Select a Race]

11 Next >>

10 Social Security Number

9. Enter your information in all required fields (outlined in red).

10. Enter your **Social Security Number**.

*Providing your SSN will help ensure the accuracy of your records.

11. Click **Next**.

12. Enter **your mailing address**, ensuring all required fields (outlined in red) are filled.

13. Click **Next**.

2 Mailing Address

Country: [United States (Including APO/FPO/DPO and US territories)]

In Care Of: [] Attention: []

Address: []

Postal (Zip) Code: [] Enter postal code to lookup the city and state, then select the correct city from the dropdown menu. You may type in your city if it is not listed.

City: [] State: [Select a State]

Phone Number: []

12 Address

13 Next >>

14. Respond to the Preferences questions as follows:

- a. Would you like your date of birth included on the response? – **Yes**
- b. Would you like to receive status notifications? – **Yes**
*The email address you provided will populate.
- c. Would you like a hard-copy response mailed to you? – **No**

3 Preferences

14 Would you like your date of birth included on the response?

a Yes

b Would you like to receive status notifications? E-mail Address: Gdepriest@goo

b Yes, via E-mail

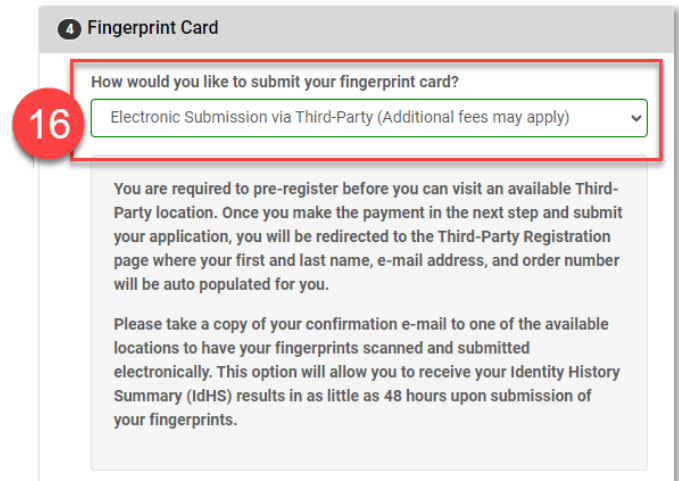
c Would you like to have a hard-copy response mailed to you?

c No

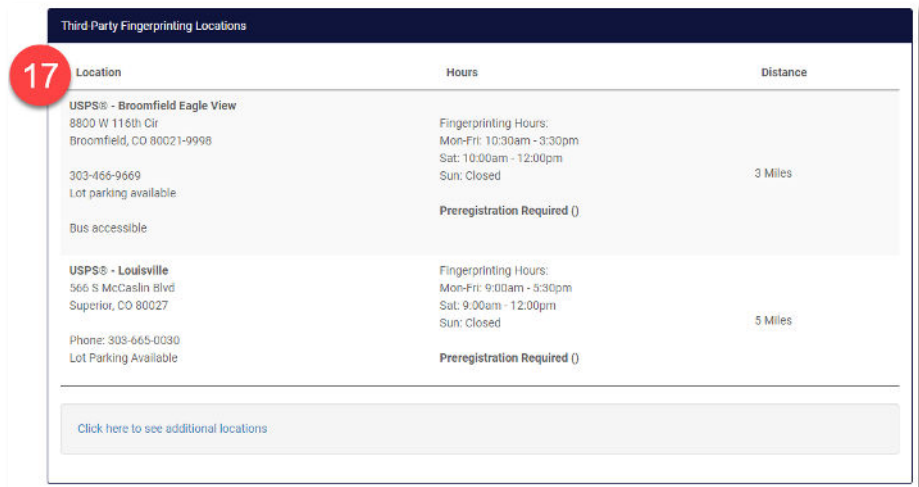
15 Next >>

15. Click **Next**.

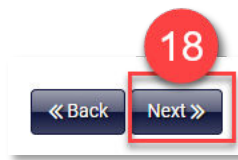
16. **Fingerprint Card:** Use the dropdown menu to select **Electronic Submission via Third-Party (Additional fees may apply)**.



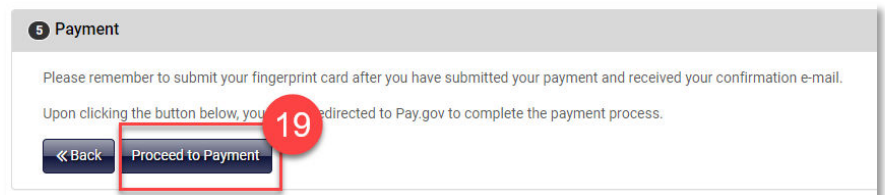
17. A list of locations that provide fingerprinting services will populate on the right-hand side of the screen. These locations are based on your mailing address. After you have submitted your payment and received your confirmation email, you will need to schedule (pre-register) at a location near you to complete the fingerprinting process.



18. Click **Next**.



19. Click the **Proceed to Payment** button.





20. Confirm your Mailing Address, Date of Birth, and SSN are correct. Click **Yes**.

?

Please Confirm the Following Information

Mailing Address

SARAH GENEVIEVE DEPRIEST

Date of Birth

Social Security Number

Is the information correct?

20 Yes No

21. Select **Debit or credit card**, click **Continue**, and ask your manager for assistance in completing the payment.

Identification Record Request

Payment Information

Payment Amount \$18.00

I want to pay with my

Amazon account

PayPal account

21 Debit or credit card

Continue Cancel

22. You will receive a confirmation email once payment is processed. **Take the email with you to get your fingerprints done.**

NOTE: Payment received during fingerprint scheduling is for the fingerprint request with the FBI. USPS will charge an additional fee for the fingerprinting process. A Goodwheels Supervisor will provide additional payment onsite.

COLORADO DMV – MOTOR VEHICLE RECORD/DRIVING RECORD (7 Year Search)



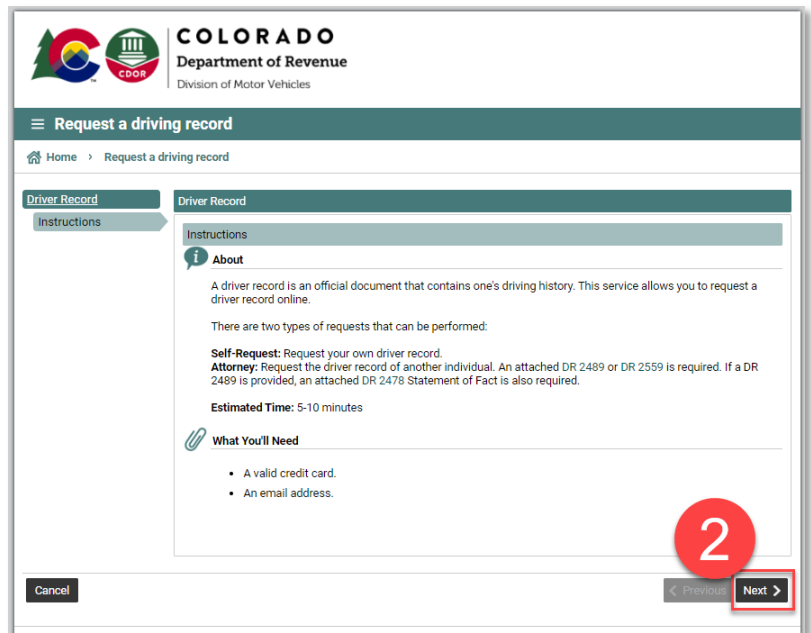
You will need:

- Valid Colorado Driver License
- Email Address
- Goodwheels Manager – for payment

1. Access the Colorado DMV site for driving record requests:

<https://mydmv.colorado.gov/e-Services/?Link=DriverRecord>

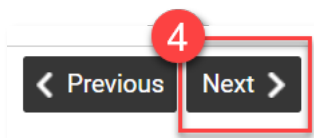
2. Read the instructions and ensure you have the required materials. Click **Next**.



3. Under 'Request Type,' select 'Self-Request.' As an employee, you will be requesting this report. Goodwill of Colorado cannot legally request an MVR without signed authorization.



4. Click **Next**.



5. Verify your identity by providing your information in the fields.
6. Check the box to certify your information is your own.
7. Click **Next**.

Driver Record

Verify Identity

✓ Please verify your identity

Colorado Customer Identifier / DL# * Required

Last Name * Required Required
Format: 99-999-9999

Date of Birth * Required

Issuance Date of Your Most Recent License/ID * Required

Last Four Digits of SSN or ITIN * Required

I certify and affirm that the customer identifier, last name, date of birth and last four digits of the Social Security number or Individual Taxpayer identification number entered above are my own. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue and is punishable by fines, incarceration and/or loss of driving privileges. * Required

Where is my customer identifier?

Colorado Driver License images shown.

Next

8. On the Driver Record screen, use the dropdown to select **Seven-Year Driver Record (Standard)**.
9. Under the question 'Would you like a certified report?' select **Yes**.
10. Enter your personal address in the **Mailing Address** fields.
11. Click to verify your address.
12. Click **Next**.

COLORADO
Department of Revenue
Division of Motor Vehicles

Request a driving record

Home > Request a driving record

Driver Record

Instructions

Request Type

Verify Identity

Record Information

Record Information

Driver Record Request

Driver Record Type
Seven-Year Driver Record (Standard)

Would you like a certified report?
Yes No

A certified copy will be MAILED to the desired address provided within 5 to 7 Business days.

Mailing Address

Country
USA

Street * Required

Street 2

Unit Type Unit # City * Required

State
CO - COLORADO

Zip * Required County

Verification Required --> **Click to Verify Address**

Cancel **Next**

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Contact Us

13. Enter and re-enter your email address for the confirmation email.

IMPORTANT: Only use an email you can easily access (for payment confirmation/reimbursement). Once you receive your records (via Postal Mail at your mailing address), you will need to provide the Certified MVR report to your Goodwheels manager for Transdev compliance.

14. Click **Next**.

15. If the information you provided is accurate, click the **I Certify** button.

16. Click **Next**.

17. The next screen will provide the opportunity to input your payment method and submit your records request. **Your manager will need to provide the payment method.**

In Office Option:

Certified and non-certified motor vehicle records may be purchased at any full-service driver license office.

You will need:

- Valid Colorado Driver License
- Goodwheels Manager – for payment
- Time to go to the DMV

The closest DMV to Goodwill’s HQ:

El Paso County Motor Vehicle Department
 1675 Garden of the Gods Rd, Colorado Springs, CO 80907
 719-520-6240