

Illinois Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

FOR EMPLOYEES/VOLUNTEERS OF CHILD CARE FACILITIES

1	<input type="checkbox"/> Employee	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Day Care Agency
	or	of: <input type="checkbox"/> Group Home	<input type="checkbox"/> Child Welfare Agency
	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Child Care Institution/Maternity Center	<input type="checkbox"/> Youth Emergency Shelter

PERSONAL INFORMATION

2	Last Name/First Name/Middle Initial _____				Social Security Number ____-____-____							
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____				Telephone (Including Area Code) (____) _____-_____ Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	CURRENT ADDRESS: Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____				List all previous addresses for the past five (5) years. (Street/Apt.#/City/County/State/Zip Code) Dates From/To _____ _____ _____							
	Date of Birth (Month/Date/Year) ____-____-____	Age	Place of Birth (City and State)	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other, Specify	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In.	Weight (lbs.)	Hair (color)	Eyes (color)	Skin Tone	Race	

AUTHORIZATION /CERTIFICATION

3	Have you ever been convicted of other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to either of the above is yes, explain: _____ _____	
	I certify that I have read and understood the Authorization/Certification box on the back page of this form. SIGNATURE _____ DATE _____	
	BACKGROUND RESULTS Sex Offender Clearance: _____ CANTS Clearance: _____ Illinois State Police Clearance: _____ FBI Clearance: _____ Transfer Clearances: SO/CANTS: _____ ISP: _____	FOR CENTRAL OFFICE OF LICENSING USE SID# _____ Clear _____ Record _____ BC-03 Registered: _____ FBI Sent Out: _____

TO BE COMPLETED BY EMPLOYER

This authorization form will not be processed without completion of this section.

4	Date Fingerprinted: _____	Name of Facility Contact _____
	Full Name of Facility _____	_____
	Provider ID # _____	Phone Number of Facility Contact (____) _____-_____
	Street Address: _____	
	City _____ IL ZIP: _____	

INSTRUCTIONS FOR COMPLETION OF CFS 718-E - AUTHORIZATION FOR BACKGROUND CHECK

WHO SHOULD USE THIS FORM: This form must be completed by employees or volunteers who work in a day care center, day care agency, group home, child welfare agency, child care institution/maternity center or youth emergency shelter. Employees of day care homes, foster care homes and group day care homes are to use form CFS 718.

Do not send a request for a Child Abuse/Neglect Tracking System (CANTS) check to Central Licensing until the person has been fingerprinted.

SECTIONS 1, 2 AND 3 - COMPLETION OF IDENTIFICATION INFORMATION

Employer must instruct every person subject to a background check to complete the first three sections identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete.

PRINT ALL INFORMATION

Name Current and all former names used by the individual must be included. If no other names, write "none."

Social Security No. **THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY NUMBER**

Address Current and all addresses, including county, where the person has lived in the past five years
(If outside of Illinois, check appropriate box)

Race : Enter all codes that apply

BL/AA	Black or African American
WHITE	White
AI/AN	American Indian or Alaskan Native
ASIAN	Asian
NH/PI	Native Hawaiian or Other Pacific Islander
UNDET	Undetermined
HISP ORG	Indicate whether the individual is of Hispanic origin

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

The person completing the identification information must sign and date page 1 of the authorization form.

SECTION 4 - EMPLOYER

The Authorization for Background Check must be submitted to the employer for completion of Section 4 and to check the form and for completeness and accuracy before the employee is fingerprinted.

Employer must complete the following:

Name of Facility	Name of facility where employed.
Street/City/Zip	The site of licensed facility where person is employed.
Provider ID #	The Provider ID # is required. (The number which appears on the license certificate for the facility.)

AUTHORIZATION/CERTIFICATION

I AUTHORIZE THE Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a child care facility. Persons 13-17 years of age signing this form authorize a search of CANTS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my employer, prospective employer or with licensing staff only in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny my application for licensure or may result in the termination of my employment.