

AUTHORIZATION FOR BACKGROUND CHECK

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

1 CHECK ONE BOX IN EACH SECTION A AND B:

A Applicant/Operator (Person[s] applying to operate a child care facility) Member of Household (age 17 and over) Member of Household (ages 13 to 16) Employee/Volunteer of Household (foster care, day care or group day care home)

Executive Director

B Foster Family Home Day Care Home Group Day Care Home Group Home
 Day Care Agency Day Care Center Child Welfare Agency Child Care Institution/Maternity Center
 Youth Emergency Shelter Adopt Only Home

PERSONAL INFORMATION

Last Name/First Name/Middle Initial _____ Social Security or ITIN Number _____

Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____
 I am or will be a foster family household member. Yes No
 I am or will be transporting foster children. Yes No
 If both statements are yes, list your Drivers License number here: _____

2 CURRENT ADDRESS AND TELEPHONE:

Street/Apt.#: _____
 City: _____ State: _____
 Zip Code: _____ County: _____
 Telephone (Including Area Code) _____
 (_____) _____ - _____

Have you lived outside of Illinois in the past 3 years? Yes No
 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 a criminal offense, other than a minor traffic violation? Yes No
 Have you ever been indicated as perpetrator in a child abuse/neglect investigation? Yes No

I certify that I have read and understood the Authorization/Certification box on the back page of this form.

SIGNATURE _____ DATE _____

BACKGROUND RESULTS	FOR CENTRAL OFFICE OF LICENSING USE
Sex Offender Clearance: _____	SID# _____ Clear _____ Record _____
CANTS Clearance: _____	BC-03 Registered: _____
Illinois State Police Clearance: _____	FBI Sent Out: _____
FBI Clearance: _____	Valid Driver's License: Yes _____ No _____
Transfer Clearances: SO/CANTS: _____ ISP: _____	

TO BE COMPLETED BY SUPERVISING AGENCY

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

4 Date Fingerprinted: _____ Supervising Agency: _____
 Full Name of Facility _____ Name _____
 Provider ID # _____ Provider ID# _____
 Street Address: _____ Or DCFS Region/Site/Field _____
 City _____ IL ZIP: _____ Name of Licensing Worker _____ Worker ID# _____
 (_____) _____
 Phone Number of Licensing Worker _____

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

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a child care facility, or be employed by or volunteer in a foster care, day care or group day care home.

SECTIONS 1, 2 AND 3 — COMPLETION OF IDENTIFICATION INFORMATION

DCFS or private agency licensing worker must instruct every person subject to a background check to complete the first three section 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 or ITIN No. **THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) 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 | ASIAN | Asian |
| HISP | Indicate whether the individual is of | NH/PI | Native Hawaiian or Other Pacific |
| ORG | Hispanic origin | | Islander |
| WHITE | White | UNDET | Undetermined |
| AI/AN | American Indian or Alaskan Native | | |

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

SECTION 4 - DCFS/PRIVATE AGENCY LICENSING WORKER

The Authorization for Background Check must be submitted to the licensing worker for completion of Section 4 and for forwarding to the DCFS Central Office of Licensing. The licensing worker must check the form for completeness and accuracy, confirm that the person (if age 17 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

The licensing representative must complete the following:

- Name of Facility The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)
- Street/City/Zip The site of licensed facility where person is licensed or employed.
- Provider ID # The Provider ID # is required. (The number which appears or will appear on the license certificate for the facility.)
- DCFS Region/Site/field The DCFS Region/Site/Field.
- Supervising Agency Print the name and Provider ID# of Agency which will supervise 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 Department of 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. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. 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 13-16 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential but may be shared with my employer, prospective employer, the licensing applicant for whom my background check is required or with authorized licensing staff 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 the application for licensure or may result in the termination of my employment.