

Illinois Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK OF WARDS OF THE STATE
 READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

PERSONAL INFORMATION

1	Last Name/First Name/Middle Initial _____					Social Security or ITIN Number _____ - _____ - _____					
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____										
	CURRENT ADDRESS AND TELEPHONE:										
	Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____ Telephone (Including Area Code) (_____) _____ - _____										
	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

2	Have you ever been convicted of a criminal offense, 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										
	I certify that I have read and understood the Authorization/Certification box on the back page of this form.										
	SIGNATURE _____					DATE _____					

3	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: _____ Name _____
	Full Name of Facility _____	Provider ID# _____ Or DCFS Region/Site/Field _____
	Provider ID # _____	Name of Licensing Worker _____ Worker ID# _____
	Street Address: _____	(_____) _____ Phone Number of Licensing Worker
5	City _____ IL ZIP: _____	
	Cycis ID # _____	

**INSTRUCTIONS FOR COMPLETION OF
CFS 718-W - AUTHORIZATION FOR BACKGROUND CHECK OF WARDS OF THE STATE**

WHO SHOULD USE THIS FORM: All members of the household 17 or older, if in an unlicensed home, CANTS 48 must also be completed by every ward of the state age 13 through 16

SECTIONS 1, AND 2-- COMPLETION OF IDENTIFICATION INFORMATION

DCFS or private agency licensing or placement/adoption worker must instruct every ward of the state subject to a background check to complete the first two sections identifying 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 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 Section 2 of the form.

SECTION 3 – For Central Office of Licensing use only.

SECTION 4 - DCFS/PRIVATE AGENCY LICENSING WORKER

The Authorization for Background Check must be submitted to the licensing worker or the Central Office of Licensing for completion of Section 3. The licensing or placement/adoption 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 or placement/adoption worker 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 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 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.