

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

2	Last Name/First Name/Middle Initial _____				Social Security or ITIN Number ____-____-____							
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____				Telephone (Including Area Code) (____) _____-_____							
	CURRENT ADDRESS: Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____				Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years including Illinois. (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? <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 _____				
	Parent/Guardian Signature (if applicable) _____						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: _____											
Transfer Clearances: SO/CANTS: _____ ISP: _____											

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 _____				Phone Number of Facility Contact (____) _____						
Provider ID # _____											
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 and volunteers, age 13 or older, 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. The Parent or Guardian's signature is required if background check is for a minor.

**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 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 ORG	Indicate whether the individual is of Hispanic origin	NH/PI	Native Hawaiian or Other Pacific Islander
WHITE	White	UNDET	Undetermined
AI/AN	American Indian or Alaskan Native		

Each Person "must" answer the questions "Have you ever been convicted of a criminal offense, other than minor traffic violation?"

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 for completeness and accuracy before the employee is fingerprinted.

Employer must complete the following:

Name of Facility Name of facility where employed. Use 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 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 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. 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 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 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.

Should you feel that the information on your Illinois State Police record or Federal Bureau of Investigation record is incorrect you may visit: <http://www.ilga.gov/commission/jcar/admincode/020/02001210sections.html> for the ISP and <http://www.fbi.gov> for FBI.