

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

CHECK ONE BOX IN EACH SECTION A AND B:

1

A Applicant/Operator (Person(s) applying to operate a child care facility) Member of Household (age 18 and over) Member of Household (ages 13 to 17) 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

2

Last Name/First Name/Middle Initial				Social Security Number							
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial)				I am or will be a foster family household member. <input type="checkbox"/> Yes <input type="checkbox"/> No I am or will be transporting foster children. <input type="checkbox"/> Yes <input type="checkbox"/> No If both statements are yes, list your Drivers License number here:							
CURRENT ADDRESS AND TELEPHONE:				Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street/Apt.#:				List all previous addresses for the past five (5) years.							
City: _____ State: _____				(Street/Apt.#/City/County/State/Zip Code)				Dates From/To			
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

3

Have you ever been convicted of other than a minor traffic violation? Yes No
Have you ever been indicated as perpetrator in a child abuse/neglect investigation? Yes 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: _____ Valid Driver's License: Yes _____ No _____
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TO BE COMPLETED BY SUPERVISING AGENCY

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

4

Date Fingerprinted: _____ Full Name of Facility _____ Provider ID # _____ Street Address: _____ City _____ IL ZIP: _____	Supervising Agency: Family Resource Center Name Provider ID# 123797 Or DCFS Region/Site/Field _____ Name of Licensing Worker _____ Worker ID# _____ (773) 334-2300 Phone Number of Licensing Worker
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