

**REQUEST FOR UPDATED BACKGROUND CHECK FOR A LICENSED PROVIDER**

**TO: Central Office of Licensing – if you are on OUTLOOK, please send to Permanency.Updates  
if you do not have access to OUTLOOK, fax to 217-785-6368 or 217-782-6446**

Updated Background Check Is Requested For License Provider # \_\_\_\_\_ for the purpose of:

Adoption

Subsidized Guardianship

Name: \_\_\_\_\_

Negative CANTS

Positive CANTS

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Negative FBL

Positive FBL

Name: \_\_\_\_\_

Negative CANTS

Positive CANTS

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Negative FBL

Positive FBL

Name: \_\_\_\_\_

Negative CANTS

Positive CANTS

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Negative FBL

Positive FBL

Name: \_\_\_\_\_

Negative CANTS

Positive CANTS

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Negative FBL

Positive FBL

**ACKNOWLEDGMENT OF CONFIDENTIALITY OF LICENSE BACKGROUND CHECK INFORMATION**  
**I understand that the background check information provided as a result of this request is strictly confidential and is to be used only for the purpose specified above.**

Name of Employee Requesting Check (please print): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Agency/DCFS Team: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Worker ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**RESULTS OF BACKGROUND CHECK BY THE CENTRAL OFFICE OF LICENSING:**

**FBL = Fingerprint-Based LEADS Check**

**NC = Negative CANTS; no record of CANTS history**

**NF = Negative Fingerprint Finding; no record of criminal history (fingerprint-based LEADS check).**

**PC = Positive CANTS Finding.**

**PF = Positive Fingerprint Finding; history rap sheet (fingerprint-based LEADS check) will be sent to the above address within 24 hours.**

**Processed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_