

State of Illinois
Department of Children and Family Services
REQUEST FOR ASSIGNMENT OF LICENSE PERSONNEL ID

Complete and submit to:

Date Submitted _____

Illinois Dept. of Children and Family Services
Peoria Regional Office – Licensing Unit
5415 North University St., Ste. 103
Peoria, Illinois 61614-4738

FAX #: (309) 693-4937
PHONE: (309) 693-5400

PLEASE PRINT LEGIBLY – FORM WILL BE RETURNED IF ALL INFORMATION IS NOT PROVIDED

Name of Licensing Worker: _____
(Last) (First) (Middle Initial)

Social Security #: _____

Office Address: _____
(Street) (City) (Zip Code)

Telephone # (Work) ____/____-____ Language(s): _____

Licensing Worker is:

DCFS Worker: R/S/F: _____ OR Private Agency Worker: Agency Name: _____ Agency ID# _____

Current Caseworker or Licensing Rep. ID#: _____. Do you currently use this ID#? _____
(A Caseworker ID# will be reassigned as a License Personnel ID# if you no longer need it for casework.)

Current Title: _____ Date Current Title Became Effective: _____

Date of Employment: _____

Supervisor's Name: _____ Supervisor's License Personnel ID#: _____

ENTER THE DATE THE ABOVE-NAMED WORKER PASSED THE LICENSING EXAMINATION(S) FOR THESE FACILITY TYPES. PLEASE ATTACH COPIES OF THE TEST RESULTS FOR VERIFICATION.

Foster Home	(402) ____/____/____	Child Care Institution	(404) ____/____/____
Child Welfare Agency	(401) ____/____/____	Day Care Agency	(405) ____/____/____
Group Homes	(403) ____/____/____	Day Care Center	(407) ____/____/____
Day Care Home	(406) ____/____/____	Child Care Act	____/____/____
Group Day Care	(408) ____/____/____		

This Section to be Completed for Changes to Existing Information:

- Please inactivate the License Personnel ID# _____ for the above named worker who is no longer a Licensing Representative with the named agency, effective ____/____/____.
- Please update the information in your database for the above named worker, per the information provided above (i.e., change of employment; name change; additional education; etc.)

Signature of Supervisor: _____ Date: _____

This Section to be Completed by DCFS Licensing Staff and Confirmation Returned to Private Agency/DCFS Office for Personnel File.

Licensing Personnel ID# Assigned: _____ DATE: _____