

AUTHORIZATION FOR BACKGROUND CHECK for Foster Care & Adoption

READ INSTRUCTIONS ON PAGE 2. PRINT ALL INFORMATION ON PAGE 1. SIGN PAGE 1 AND 3.

CHECK ONE BOX IN EACH COLUMN IN THE APPLICABLE ROW A or B:			
	Category of Facility	Specific Type of Application	Person in the Home
1	Foster Care	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Relative <input type="checkbox"/> Traditional <input type="checkbox"/> ICPC	<input type="checkbox"/> Applicant <input type="checkbox"/> Member of Household (ages 13 through 17)* *Parent/Guardian signature required <input type="checkbox"/> Member of Household (age 18 and over) <input type="checkbox"/> Youth in Care
	Adoption	<input type="checkbox"/> Adopt Only Home <input type="checkbox"/> Unlicensed Relative in Illinois <input type="checkbox"/> Unlicensed Relative Out of State	<input type="checkbox"/> For Placement Purposes <input type="checkbox"/> For Adoption Purposes

PERSONAL INFORMATION (Please see additions instructions on the back page)

Last Name/First Name/Middle Initial _____		Social Security or ITIN Number _____ - _____ - _____	
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____		I am or will be transporting foster children <input type="checkbox"/> Yes <input type="checkbox"/> No If this statement is yes, list your Drivers License number here: _____	
CURRENT ADDRESS, TELEPHONE (when applicable): Street/Apt.#: _____ City: _____ State: ____ Zip Code: _____ County: _____ Home Telephone (____) _____ - _____ Cell Phone (____) _____ - _____		Is this an Illinois Drivers License Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have you lived outside of Illinois in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years, including those outside of 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 _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. ____-____	Weight (lbs.) _____	Hair (color) _____
Eye (color) _____	Race (Check all that apply) <input type="checkbox"/> Native American/Alaskan (Indian or Eskimo) <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Declined to Identify <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Could not be Verified		Ethnicity (see codes on Page 2)

AUTHORIZATION /CERTIFICATION BELOW AND ON PAGE 3 MUST BE SIGNED AND DATED

3	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a criminal offense, other than a minor traffic violation? <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 _____
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TO BE COMPLETED BY SUPERVISING AGENCY	
This authorization form will not be processed without completion of this section. The licensing representative must complete the following	
4	Date Fingerprinted: _____ Full Name of Facility _____ Provider ID # _____ Street Address: _____ City _____ IL ZIP: _____ Supervising Agency Name: _____ Provider ID# _____ Or DCFS Region/Site/Field _____ Name of Worker _____ Worker ID#/Phone Number _____ Name of Supervisor _____ Supervisor ID#/Phone Number _____

5	BACKGROUND RESULTS AS APPLICABLE 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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PRINT: Last Name/First Name/Middle Initial

Provider ID #

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a foster care home. Every person subject to a background check must 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. The Parent or Guardian's signature is required if background check is for a minor.

ADDITIONAL INSTRUCTIONS FOR SECTIONS 2 AND 3 OF THE FRONT PAGE

Name:	Current and all former names used by the individual must be included. If no other names, write "none."
Social Security, ITIN or Assigned #.	THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY, INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) NUMBER OR DEPARTMENT ASSIGNED NUMBER
Address:	Current and all addresses, including county, where the person has lived in the past five years (Indicate if outside of Illinois)
Race:	Enter all race codes that apply. NA = Native American/Alaskan (Indian or Eskimo) WH = White AS = Asian UK = Unknown BL = Black/African American DI = Declined to Identify PI = Native Hawaiian/Pacific Islander CV = Could not be Verified
Ethnicity:	Enter the primary Ethnicity NH = Not Hispanic (NONE) HA = Hispanic Central American HS = Hispanic South American HN = Hispanic Dominican HM = Hispanic Mexican HO = Hispanic Other HP = Hispanic Puerto Rican UK = Unknown HD = Hispanic Spanish Descent DI = Declined to Identify HC = Hispanic Cuban CV = Could not be Verified

ADDITIONAL INSTRUCTIONS FOR SECTIONS 4 OF THE FRONT PAGE

Instruction for Left Side -		Instructions for Right Side -	
Date Fingerprinted:	Provide the date the individual is fingerprinted	Supervising Agency:	Print the name and Provider ID# of Agency which will supervise the facility
Name of Provider:	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)	Provider ID #:	The DCFS Region/Site/Field.
Provider ID #:	The Provider ID. (The number which appears on the license certificate for the facility. Initial Applications will be assigned # by Background Check Unit.)	Name of the Worker:	Name, ID and phone of the worker
Street/City/Zip:	The site of licensed facility where person is licensed or employed.	Name of the Supervisor:	Name, ID and phone of the supervisor
The Authorization for Background Check must be submitted to the worker for completion of Section 4 and for forwarding to the DCFS pertinent Background Check Unit. The worker must check the form for completeness and accuracy, confirm that the person (if age 18 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.			

ADDITIONAL INSTRUCTIONS FOR PAGE 3

The ISP/FBI PRIVACY ACT STATEMENT and the AUTHORIZATION/CERTIFICATION on page 3 of this form must be signed and dated by individuals having a Background Check completed. Individuals being background checked/fingerprinted have a right to receive a copy of this form.

ISP/FBI PRIVACY ACT STATEMENT

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Record Notification: Your fingerprints will be used to check the criminal history records of the FBI. Procedures for obtaining a copy or change, correction or updating of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____

AUTHORIZATION/CERTIFICATION

" I, hereby authorize the release of any criminal history record information, that may exist, regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act."

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 child abuse and neglect history reports 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 applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. 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 placement of a related child or an application for licensure. Persons 13-17 years of age signing this form authorize a search of CANTS and SOR only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential. Only DCFS shall receive for review FBI Background check results and upon request the employee, prospective employee or volunteer will be provided a copy. *State conviction information provided by the Department of State Police regarding employees, prospective employees, or volunteers of non-licensed service providers and child care facilities licensed under this Act shall be provided to the operator of such facility, and, upon request, to the employee, prospective employee, or volunteer of a child care facility or non-licensed service provider.* [225 ILCS 10/4.1]. 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.

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.

Signature _____

Date _____

Parent/Guardian Signature (if applicable) _____

Date _____