CFS 718-C
Rev 9/2020

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK FOR NON LICENSED CONTRACT STAFF

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

1

Name of Contractor: _____ **Provider ID #** _____

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

2

Last Name/First Name/Middle Initial

_____ _____ ____

Social Security or ITIN Number

__ __ __ - __ __ - __ __ __ __

Maiden and/or Any Names Formerly Used (Last/First/Middle Initial)

_____

_____

Have you lived outside of Illinois in the past 5 years? ☐ Yes ☐ 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

CURRENT ADDRESS, TELEPHONE (when applicable):

Street/Apt.#: _____

City: _____ State: __ __

Zip Code: __ __ __ __ __ County: _____

Home Telephone (__ __ __) __ __ __ - __ __ __ __

Cell Phone (__ __ __) __ __ __ - __ __ __ __

Date of Birth (Month/Date/Year)	Age	Place of Birth (City and State)	Citizenship (Country)	Gender	Height Ft. In.	Weight (lbs.)	Hair (color)	Eye (color)
____-____-_____			☐ USA ☐ Other Specify	☐ M ☐ F				

Race (Check all that apply)

☐ Native American/Alaskan (Indian or Eskimo) ☐ Black/African American ☐ White ☐ Declined to Identify

☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ Could not be Verified

Ethnicity (see codes on Page 2)

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

3

Have you ever been indicated as perpetrator in a child abuse/neglect investigation? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense, other than a minor traffic violation? ☐ Yes ☐ No

I certify that I have read and understood the Authorization/Certification box on the back page of this form.

Signature _____ **Date** _____

4

TO BE COMPLETED BY CONTRACT LIAISON

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

Date Fingerprinted: _____

Full Name of Contractor _____

Provider ID # _____

Street Address: _____

City _____ IL ZIP: _____ County: _____

Name of Contract Liaison

_____

Phone Number of Contract Liaison

(_____) _____ - _____

5

BACKGROUND RESULTS

Sex Offender Clearance: _____

CANTS Clearance: _____

Illinois State Police Clearance: _____

FBI Clearance: _____

FOR CENTRAL OFFICE OF LICENSING USE

SID# _____

WHO SHOULD USE THIS FORM: This form must be completed by non licensed contract staff. The Contract Liaison must instruct every person subject to a background check to complete the first three sections. All identifying information must be accurate and complete.

Do not send a request for a background check to Central Licensing until the person has been fingerprinted.

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) AS = Asian BL = Black/African American PI = Native Hawaiian/Pacific Islander WH = White UK = Unknown DI = Declined to Identify CV = Could not be Verified
Ethnicity:	Enter the primary Ethnicity NH = Not Hispanic (NONE) HS = Hispanic South American HM = Hispanic Mexican HP = Hispanic Puerto Rican HD = Hispanic Spanish Descent HC = Hispanic Cuban HA = Hispanic Central American HN = Hispanic Dominican HO = Hispanic Other UK = Unknown DI = Declined to Identify CV = Could not be Verified

SECTION 4

The Authorization for Background Check must be submitted to the contract liaison for completion of Section 4. The form is checked for completeness and accuracy before the contractor is fingerprinted.

Contract Liaison must complete the following:

Provide the date the individual is fingerprinted.

Name of Contractor

Street/City/Zip

Provider ID # The Provider ID # is required.

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.

PRINT: Last Name/First Name/Middle Initial **Provider ID #**

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**_____

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 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 facility.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my employer, or prospective employer only 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 my application as a unlicensed contractor or may result in the termination of my contract.

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**_____

PRINT: Last Name/First Name/Middle Initial **Provider ID #**