

AUTHORIZATION FOR BACKGROUND CHECK for Child Care

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

CHECK ONE BOX IN EACH COLUMN IN EITHER ROW A OR B:			
	Category of Facility	Specific Type of Application	Person in the Home/Facility
1	A Child Care in the Home Licensed/Applying for	<input type="checkbox"/> Day Care Home <input type="checkbox"/> Group Day Care Home	<input type="checkbox"/> Applicant <input type="checkbox"/> Member of Household (ages 13 to 17)* *Parent/Guardian signature required <input type="checkbox"/> Member of Household (age 18 and over) <input checked="" type="checkbox"/> Employee/Volunteer <input type="checkbox"/> Ward
	B Child Care Facility (other than a home) Licensed/Applying for	<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Youth Emergency Shelter <input checked="" type="checkbox"/> Day Care Center <input type="checkbox"/> Group Home <input type="checkbox"/> Day Care Agency <input type="checkbox"/> Child Care Institution/Maternity Center	<input type="checkbox"/> Applicant/Operator (Person applying to operate a licensed child care facility) <input type="checkbox"/> Executive Director <input checked="" type="checkbox"/> Employee/Volunteer

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)		_____ - _____ - _____							
CURRENT ADDRESS, TELEPHONE (when applicable):		List all previous addresses for the past five (5) years, including those outside of Illinois.						Dates From/To	
Street/Apt.#: _____		(Street/Apt.#/City/County/State/Zip Code)						_____	
City: _____ State: _____		_____						_____	
Zip Code: _____ County: _____		_____						_____	
Home Telephone (_____) _____ - _____		_____						_____	
Cell Phone (_____) _____ - _____		_____						_____	
		Have you lived outside of Illinois in the past 3 years?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
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)	
_____-_____-_____	_____	_____	<input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	_____	
Race (Check all that apply)							Ethnicity (see codes on Page 2)		
<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			

AUTHORIZATION /CERTIFICATION

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 _____	

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: _____	Supervising Agency Name: _____
	Full Name of Facility <u>Outreach Community Center</u>	Provider ID# _____
	Provider ID # <u>323078</u>	Or DCFS Region/Site/Field _____
	Street Address: <u>345 S. President</u>	Name of Worker _____ Worker ID#/Phone Number _____
City <u>Carol Stream</u> IL ZIP: <u>60188</u>	Name of Supervisor _____ Supervisor ID#/Phone Number _____	

5	BACKGROUND RESULTS AS APPLICABLE	FOR CENTRAL OFFICE OF LICENSING USE
	Sex Offender Clearance: _____	SID# _____ Clear _____ Record _____
	CANTS Clearance: _____	BC-03 Registered: _____
	Illinois State Police Clearance: _____	FBI Sent Out: _____
	FBI Clearance: _____	
Transfer Clearances: SO/CANTS: _____ ISP: _____		