

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: _____