

Authorization for Background Check for Non-Licensed Contract Staff Directions

Page 1:

- **Name of Contractor:** Illinois Association of Court Appointed Special Advocates Provider ID 230662
- **Personal Information:** Please complete all boxes in this area with your personal information;
 - Last Name/First Name/Middle Initial
 - Social Security Number
 - Current Address, Telephone Number
 - All previous addresses for the past 5 years
 - Date of Birth
 - Place of Birth
 - Citizenship
 - Gender
 - Height, Weight, Hair Color, Eye Color
 - **Race AND Ethnicity (for ethnicity, please see codes on page 2 of document)**
- **Authorization/Certification**
 - Please Answer the two questions
 - **Sign and Date the Authorization**
- **To be completed by DCFS**
- **To be completed by DCFS**

Page 2:

- **Notice of Conditions for Employment at a Child Care Facility**
 - **Please sign and date**

Page 3:

- **SP/FBI Privacy Act Statement**
 - **Please sign and date**
- **Authorization/Certification**
 - **Please sign and date**