State of Illinois
Department of Human Services
CRIMINAL HISTORY CHECK AUTHORIZATION

2026-2027 Criminal History Authorization

All members (unless under the age of 18 by the first day of service/work) and all individuals listed in the personnel section of a cost reimbursement grant (CNCS or grantee share of the budget) must have all 3 background checks completed and adjudicated BEFORE the start date.

I hereby authorize _____ to conduct the following required criminal history and background checks. Please select the applicable background check that the program has completed. All individuals who require a background check must have a National Sex Offender check, fingerprinting, and a state background check.

At least one selection is required	1. **FBI fingerprint criminal history record information.** (Must be completed and adjudicated BEFORE start date) ☐ Truescreen Date Initiated: _____ Date Complete: _____
At least one selection is required	2. **State background check.** (Must be completed and adjudicated BEFORE start date) ☐ Truescreen Date Initiated: _____ Date Complete: _____ If the state of residence is different than the state of Illinois, please confirm a background check was completed in the state of residence. ☐ Truescreen Date Initiated: _____ Date Complete: _____
At least one selection is required	3. **National Sex Offender Public Website Registry (NSOPW)** (Must be completed and adjudicated BEFORE start date) ☐ Truescreen Date Initiated: _____ Date Complete: _____

- I understand this information will be used, in part, to determine my eligibility to serve as a member/staff/site supervisor in this program, and approval to serve in the program is contingent upon a review of the information received. If I dispute the record as received, I understand I will have an opportunity to review the criminal history as received by this agency and provide clarification.
- I acknowledge that I have voluntarily provided the above information and I have read and understand this authorization.

_____ _____
Applicant's Signature Date
(Must be BEFORE Background Check is Initiated)

_____
Applicant's Printed Name

_____ _____
Program Director Signature Date

CRIMINAL HISTORY CHECK AUTHORIZATION

Adjudication of Results (check one)

☐ I, the undersigned, do hereby certify that I have reviewed and considered any results of the above checks and certify that this individual is eligible for work or service. All check documentation including results and adjudication documentation have been placed in the candidate's file.

☐ I, the undersigned, do hereby certify that I have reviewed and considered any results of the above checks and certify that this individual is ineligible for work or service. All check documentation including results and adjudication documentation have been placed in the candidate's file.

Applicant's Printed Name

Applicant's Signature

Date (Must be prior to start of service)