

Nursing Home Resident Fingerprint Consent Form (Fee Applicant Transaction)

Pursuant to Public Act 096-1372, nursing home facilities are required to arrange for the fingerprinting of residents they determine to be identified offenders. This form is to be completed by facilities seeking to have a Fee Applicant fingerprint based criminal history record check completed in accordance with the Act. This document also serves as a consent form. Consequently, the form must be signed by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant. Once the form is completed and signed, the original copy is to be retained in the files of the nursing home facility. One copy is to be provided to the live scan fingerprinting vendor and one copy is to be given to the resident. The resident is required to undergo an Illinois State Police and Federal Bureau of Investigation (national) fingerprint based criminal history record information inquiry if the nursing home has deemed the applicant to be an identified offender. The results of both inquiries will be forwarded to the Illinois State Police, Division of Internal Investigation by the Bureau of Identification.

Instructions:

1. The Nursing Home has completed a Uniform Conviction Information Act background check and determined the resident to be a possible Identified Offender
2. The Nursing Home must have the resident fingerprinted using the Identified Offender Program ORI – use this form

Facility Information

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|----------------------|-----------------------------|
| Facility Name: | Facility ID: 600- |
| Contact Person Name: | Contact E-mail and Phone #: |

Applicant Information

| | | | | | |
|-----------------|---------|---------|----------------|-------------|-----------------|
| Name: | Sex: | Race: | Date of Birth: | | |
| SSN (optional): | Height: | Weight: | Eye Color: | Hair Color: | Place of Birth: |

Live Scan Vendor/Appointment Information

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|--|---|--|
| Live Scan Fingerprint Vendor Name/License #: | Address: | |
| Phone Number: | Appointment Date and Time: | Transaction Control # (TCN): |
| Requesting Agency ORI Identifier: IL920701Z (ISP/DII) | Purpose Code: RNP (Resident Non-Pilot) | Request Type: State and FBI <input checked="" type="checkbox"/> |

Privacy Statement

I, the undersigned, 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. For instructions please visit:
<http://www.isp.state.il.us/crimhistory/viewingchircds.cfm>

Applicant Consent

| | |
|-----------------------------|-------|
| Applicant Name (printed): | Date: |
| Applicant Name (signature): | Date: |