

Nursing Home Resident Uniform Conviction Information Act (UCIA) Fingerprint Consent Form

Instructions:

1. Nursing home has completed a name based UCIA check under the Nursing Home ORI
 - a. Received a "MULTI-HIT" response, See #2
 - b. Received a "HIT" response, See #3
 - c. Received a "No Record On File" - End
2. Nursing home must have resident fingerprinted as UCIA under Nursing Home ORI – use this form
3. Nursing home must decide if resident is a possible Identified Offender
 - a. Yes, resident is a possible Identified Offender, See #4
 - b. No, resident is not a possible Identified Offender – End
4. Nursing home must have resident fingerprinted as a Fee Applicant transaction using the Identified Offender ORI – **See Fee Applicant Consent Form**

If you do not know your Nursing Home ORI, please refer to the ISP User Agreement or contact the Customer Support Unit at BOI_Customer_Support@isp.state.il.us.

Facility Information

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

Resident Information

Name:	Sex:	Race:	Date of Birth:
	Height:	Weight:	Eye Color:
			Hair Color:
			Place of Birth:

Live Scan Vendor/Appointment Information

Live Scan Fingerprint Vendor Name:	Address:	
Phone Number:	Appointment Date and Time:	Transaction Control # (TCN):
Nursing Home ORI Identifier:	Fingerprint Vendor License #:	Request Type: UCIA Fingerprint

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 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 Illinois 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: