Uniform Conviction Information Act Name Inquiry

Pursuant to the Uniform Conviction Information Act (UCIA), Traycee Home Care Services mandates that all participants or applicants must undergo a criminal history record information background check. Traycee Home Care Services will follow all rules and regulations concerning your criminal background check pursuant to Uniform Conviction Information Act (20ILCS 2635) (UCIA). This document serves as a consent form. Consequently, the form must be signed by the applicant to authorize the release of any criminal history record information that may exist regarding the applicant. The results of your inquiry will be forwarded to Traycee Home Care Services for review.

Applicant Information					
Driver's License Number and State Issued:			Sex:	Race:	Date of Birth:
Last Name: First Name:		Middle Name:			
Agency Information					
Requester's Name: Agency Name:					
Lori Mojica		Traycee Home Care Services			
Address:					
448 Sheridan Road, Highwood, IL 60040					
Foreign State/Country:	Licensing or Employment Purpose:			Fee An	nount \$:
	Yes No				
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 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 Chapter 20 ILCS 2635/7 of the Uniform Conviction Information Act. This form is designed to capture the necessary information required to ensure the proper demographic information is collected. This document also serves as a consent form which may be maintained on file by the requester. An Illinois based criminal background check will be conducted by the Illinois State Police and the results of this inquiry will be forwarded to the requester for review and consideration.					
Applicant Consent					
Applicant Name (please print):			Date:		
Applicant Name (signature):			Date:		