Illinois Department of Children & Family Services

Agency/Provider Background Check Portal Access

This form is to enable an agency/provider to view Background check status

https://backgroundcheckportal.dcfs.illinois.gov

Agency/Provider Name: _____

DCFS Provider # (Required): _____

Category of Agency Work: ☐ Day Care Center ☐ Group Home ☐ Children Care Institute
☐ Child Welfare Agency ☐ Youth Emergency Shelter

Name of Agency Administrator/Executive: _____

Administrator/Executive Email: _____

Agency Street Address: _____

Agency Street Address County: _____

Agency Mailing Address (if different than Street Address): _____

Remove Existing Administrator: ☐

Please send your request via one of the submission methods below.

E-mail: DCFS.BCP.ADMIN@illinois.gov

_____

Signature of Agency Administrator/Executive
(Cannot be an electronic signature.)

Date

(Approval may take up to 5 business days)