State of Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name:				
Last		First	Middle	
Date of Birth:	Gender (circle): Male	Female	Race:	
Current Address:				
	Street/	Apt #		
Ci	ty	State	Zip Code	
List all addresses at which	you have resided in the past five year	nrs:		
T :-t : 1 1/	11 - 4h	1		
List maiden name and/or a	all other names by which you have be	een known: (last, fir	st, middle)	
I beneher outboning the Illinoi	o Demonstrator of Children and Family C		accept of the Child Abuse and Needer	
Tracking system (CANTS) to	is Department of Children and Family So determine whether I have been a perpestigation. I further consent to the release	etrator of an indicate	d incident of child abuse and/or neglect	
		N	Mail this request to:	
			Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701	
Signed	Date			
Please type, use bold letters or la	abel:			
		cy Name)		
		ntact Person) dress)		
	· ·	y/State/Zip)		
		mitting Agency Fax Number): 618.692.0685		