Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse 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.

City: _____ **State:** _____ **Zip Code:** _____

Parish/School/Agency: _____

Your Position (Circle One) **Priest** **Deacon** **Religious Order** **Lay Employee** **Volunteer**

List all addresses at which you have resided in the past five years.

_____
_____
_____
_____

List maiden name and/or all other names by which you have been known:
(last, first, middle)

_____
_____
_____

I hereby authorize the Illinois Department of children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

_____
Signature **Date**

Archdiocese of Chicago	**(Agency Name)**
Jan Slattery	**(Contact Person)**
155 E. Superior St.	**(Address)**
Chicago, IL 60611	**(City/State/Zip)**

Mail this request to:
Department of Children and Family Services
406 E. Monroe – Station #30
Springfield, IL 62701

DCFS