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.

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Last				First		Middle
Date of Birth:		Gender:	□Male	Female	Race:	
Current Address:						
			Street/Ap	ot#		
	City			State		Zip Code
f you currently resid OR	e in Illinois, please list a	all previous	addresses	for the past fiv	e years.	
f you currently resid	e out-of-state, please p	rovide ALL	Illinois add	resses in whic	h you did resid	de while living in Illinois.
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Street/Apt#/City/C	ounty/state/Zip Code)				11011/10
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