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:				First		Middle
Last						Middle
Date of Birth:		Gender:	Male	Female	Race:	
Current Address:						
			Street/Ap	t #		
	City			State		Zip Code
f you currently resid	le in Illinois, please list	all previous add	dresses f	or the past five	e years.	
f you currently resid	e out-of-state, please	provide ALL Illir	nois add	resses in whicl	h you did resi	de while living in Illinois.
(C+ + / A + # / C :+ / C		-)				Dates
Street/Apt#/City/C	ounty/State/Zip Code	2)				From/To
						-
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List maiden name ai	nd/or all other names b	by which you h	ave beer	i kilowii. (iast	, mst, maaie	;)
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I hereby authorize the	Illinois Department of (Thildren and Fan	nily Serv	ices to conduct	a search of the	Child Abuse and Neglect
						child abuse and/or neglect
e i	ng investigation. I furthe					•
				_	ail OR fax OF	
						nildren and Family Service
Signed		Date			E. Monroe – S	
Signed		Date		1	ingfield, IL 627	701
					7-782-3991	
Please type, use bold letters or label:				Scan/Email to: CFS689Background@illinois.gov		
			_ (Subr	nitting Agency F	ax Number)	
			(Subr	mitting Email Ad	dress)	
			(Agei	ncy Name)		
				ntact Person)		
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			_ (Addı			
			(City)	/State/Zip)		