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	<u>-</u>
Date of Birth:/	' /	Gender:	Male _	_ Female	Race	e:	<u> </u>
Current Address:							
			S	Street/Apt #			
-	City			State			Zip Code
List all addresses	at which y	ou have reside	ed in the pa	ast five yea	rs:		
-							
List maiden name	and/or all	other names b	y which yo	ou have be	en known: (last	, first, middle)	
							_
							<u>—</u>
I hereby authorize th	ne Illinois C	enartment of Ch	ildren and	Family Servi	ices to conduct a	search of the Ch	ild Abuse and
Neglect Tracking sysabuse and/or neglect agency listed below.	stem (CAN ct or involve	TS) to determine	e whether I	have been a	a perpetrator of a	in indicated incide	ent of child
agency nated below.	•					Submit by email	
				S	ubmit to: Departn	nent of Children and	d Family Services
Signed - Must be handwritten signatures; not typed! Date					Scan/Email to: DCFS.689Background@illinois.gov If you do not have scanning capabilities; they will accept		
Diagratura and hold	1.44 1.	ak al.			you do not have so picture of the docu		s; they will accep
Please type, use bold	letters or 13	<u>abei:</u>					
				(Sı	ubmitting Agency l	Fax Number)	
					(Submitting Email Address)		
				,	gency Name)	,	
					ontact Person)		
					ddress)))((
				(A	uui Cooj		

(City/State/Zip)