

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: ___ Male ___ Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

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.

Signed - Must be handwritten signatures; not typed! Date

Please type, use bold letters or label:

Submit by email
Submit to: Department of Children and Family Services
Scan/Email to: DCFS.689Background@illinois.gov
If you do not have scanning capabilities; they will accept a picture of the document.

(Submitting Agency Fax Number)
(Submitting Email Address)
(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

