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
Date of Birth:/ / Gender: Male Fe	emale Race:	
Current Address:		
Street//	Apt #	
City	State	Zip Code
List all addresses at which you have resided in the past five	ve years:	
List maiden name and/or all other names by which you ha	ve been known: (last, first, m	iddle)
I hereby authorize the Illinois Department of Children and Famil Neglect Tracking system (CANTS) to determine whether I have abuse and/or neglect or involved in a pending investigation. I fu agency listed below.	been a perpetrator of an indicat	
	Submit b Submit to: Department of Ch	is information to the y email
Signed - Must be handwritten signatures; not typed! Date	Submit to: Department of Ch Scan/Email to: DCFS.689Ba If you do not have scanning c	is information to the y email ildren and Family Service ckground@illinois.gov
	- Submit to: Department of Ch Scan/Email to: DCFS.689Ba	is information to the y email ildren and Family Service ckground@illinois.gov
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