

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  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_ City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

**Submit by mail OR fax OR email.**  
 Mail to: Department of Children and Family Services  
 406 E. Monroe – Station # 30  
 Springfield, IL 62701  
 FAX to: 217-782-3991  
 Scan/Email to: CFS689Background@illinois.gov

\_\_\_\_\_  
Signed Date

**Please type, use bold letters or label:**

\_\_\_\_\_ 618-687-1612 (Submitting Agency Fax Number)  
 \_\_\_\_\_ little84@illinois.edu (Submitting Email Address)  
 \_\_\_\_\_ University of Illinois Extension (Agency Name)  
 \_\_\_\_\_ Austin Little (Contact Person)  
 \_\_\_\_\_ 402 Ava Rd. (Address)  
 \_\_\_\_\_ Murphysboro, IL 62966 (City/State/Zip)

