

**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.

**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:

**815-858-2274** \_\_\_\_\_

(Submitting Agency Fax Number)

**amillr11@illinois.edu** \_\_\_\_\_

(Submitting Email Address)

**U of I Extension – Jo Daviess County** \_\_\_\_\_

(Agency Name)

**Angela Miller** \_\_\_\_\_

(Contact Person)

**204 Vine St., P.O. Box 600** \_\_\_\_\_

(Address)

**Elizabeth, IL 61028** \_\_\_\_\_

(City/State/Zip)

