

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking Systems (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

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
_____	_____
_____	_____

Parish/School/Agency: \_\_\_\_\_

**Your Position (Circle One):** Priest Deacon Religious Order Lay Employee Volunteer

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 Date

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

**312-751-8307** \_\_\_\_\_

**safekids@archchicago.org** \_\_\_\_\_

**Archdiocese of Chicago** \_\_\_\_\_

**Office for the Protection of Children & Youth** \_\_\_\_\_

**PO Box 1979** \_\_\_\_\_

**Chicago, IL 60690-1979** \_\_\_\_\_

(Submitting Agency Fax Number)

(Submitting Agency Email Address)

(Agency Name)

(Contact Person)

(Address)

(City/State/Zip)

<b>Submit by mail OR fax OR email</b>	
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