

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 childcare facility. Please contact your licensing representative.

Name: _____
Last
First
Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

SSN: _____

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.

Mail this request to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701

Signed _____ Date _____

Diocese of Belleville _____

Lynn Muscarello _____

2620 Lebanon Ave. _____

Belleville, IL 62221 _____

(Agency Name)

(Contact Person)

(Address)

(City/State/Zip)

