

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.

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

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:

**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

**312-751-8307**  
**safekids@archchicago.org**  
**rchdiocese of Chicago**  
**Mary Jane Doerr**  
**743 N. Dearborn St.**  
**Chicago, IL 60654**

(Submitting Agency Fax Number)  
(Submitting Agency Email Address)  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)