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 (circle): Male	Female	Race:		
Current Address:					
	Street/Apt				
City:	State:	State:		Zipcode:	
Parish/School/Agency:					
Your Position (Circle On	e): Priest Deacon Re	ligious Orde	r Lay Employee	Volunteer	
List all addresses at which y	you have resided in the past fi	ve years:			
	l other names by which you h				
Abuse and Neglect Trackin indicated incident of child a	ois Department of Children as g system (CANTS) to determine abuse and/or neglect or involve on to the agency listed below.	ine whether I leed in a pendin	have been a perpetra	itor of an	
Signature		D	Pate		
Archdiocese of Chicago Jan Slattery 835 N Rush St. Chicago, IL 60611	(Agency Name) (Contact Person) (Address) (City/State/Zip)				
	Mail this red	quest to:			
	Department of Children	•	ervices		
	406 E. Monroe -				