

State of 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: Male Female Race: _____

Current Address: _____
City State Zip Code

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of 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.

Parish / School / Location / Organization associated with, employed by, member of:

_____ *Signed* _____ *Date*

309-671-1580 (Submitting agency Fax Number)
mblock@catholicmutual.org (Submitting Email Address)
Diocese of Peoria, IL (Agency Name)
COMPLIANCE / Melissa Block (Contact Person)
419 NE Madison Avenue (Address)
Peoria, IL 61603 (City/State/Zip)

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