

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:** _____ **Zipcode:** _____

Parish/School/Agency: _____

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

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.

_____	_____
Signature	Date
Archdiocese of Chicago	(Agency Name)
Jan Slattery	(Contact Person)
737 N Michigan Ave., Ste 900	(Address)
Chicago, IL 60611	(City/State/Zip)

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