

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)  
P. O. Box 1979 (Address)  
Chicago, IL 60690-1979 (City/State/Zip)

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