

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: _____
Street/Apt #

_____ 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 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 _____

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

Please type, use bold letters or label:

(773) 363-7905
tmeline@larabida.org

La Rabida Children's Hospital
Attn: Tim Meline
6501 South Promontory Drive
(East 65th Street at Lake Michigan)
Chicago, IL 60649

(Submitting Agency Fax Number)
(Submitting Email Address)

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

