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.

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

Signed ___________________________ Date ___________________________

Please type, use bold letters or label:

(Submitting Agency Fax Number)
(Submitting Email Address)

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

Print Form