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.

			First		Middle
Date of Birth:		Gender:	Male Female	Race:	
Current Address: _					
		\$	Street/Apt #		
	City		State		Zip Code
•	le in Illinois, please list	all previous addr	esses for the past	five years.	
OR If you currently resid	le out-of-state, please r	orovide ALL Illino	ois addresses in w	hich vou did resid	le while living in Illinois.
ii you currently resid	ie out of state, picase p	STOVIAC ALL IIIIII	ns addresses in w	men you ala resid	Dates
(Street/Apt#/City/C	ounty/State/Zip Code	2)			From/To
List maidan nama a	nd/or all other names b	w which you ha	ya haan known: (last first middle	1
List maiden name a	nd/of all other hames t	by which you ha	ve been known. (iast, ilist, illiudie)
I hereby authorize the	Illinois Department of C	Children and Fami	ly Services to cond	uct a search of the	Child Abuse and Neglect
Tracking system (CA)	NTS) to determine wheth	ner I have been a p	perpetrator of an inc	dicated incident of	child abuse and/or neglect
Tracking system (CA)		ner I have been a p	perpetrator of an inc	dicated incident of	Child Abuse and Neglect child abuse and/or neglecty listed below.
Tracking system (CA)	NTS) to determine wheth	ner I have been a p	elease of this inform	dicated incident of nation to the agenc	child abuse and/or neglecty listed below.
Tracking system (CA)	NTS) to determine wheth	ner I have been a p	perpetrator of an incolerate of this information. Submit by	dicated incident of nation to the agency mail OR fax OR	child abuse and/or neglecty listed below.
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