

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

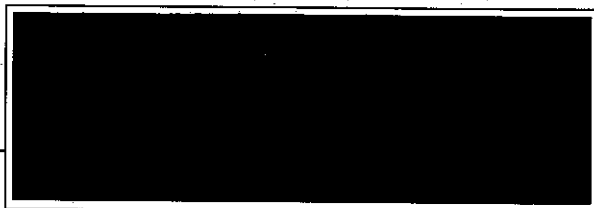
List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

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



Please type, use bold letters or label:

312-603-9909

(Submitting Agency Fax Number)

Tenisha.Wilkins@cookcountyil.gov

(Submitting Email Address)

Cook County Office of Adoption and Child Custody Advocacy

(Agency Name)

Viviana Martinez, Interim Director

(Contact Person)

118 N. Clark St., Room 806

(Address)

Chicago, IL 60602

(City/State/Zip)

Print Form