State of Illinois

Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (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:] - 🗌 - 🗌	Gend	er: Male	Female	Race	e:	
Current Address:							
			Stre	eet/Apt #			
	City			S	tate	Zip	
If you currently rest OR	ide in Illinois, pl	lease list all p	previous addre	sses for the par	st five year	s.	
If you currently rest	ide out-of-state,	please provid	de ALL Illinoi	s addresses in	which you	did reside while li Date	-
(Street/Apt#/City/C			From				
Parish/School/Ager	ncy:						
Your Position (Cir	cle One):	Priest	Deacon	Religio	ous Order	Lay Employee	Volunteer
List maiden name a	nd/or all other n	ames by whi	ch you have b	een known (las	st, first, mio	ddle):	
I hereby authorize the Tracking System (CA or involved in a pend	NTS) to determin	ne whether I ha	ave been a perp	etrator of an ind	icated incide	ent of child abuse ar	nd/or neglect
				Submit by ma			
Signed	ed Date			406 E. N		ent of Children and Family Services Ionroe - Station #30	
Please type, use bold letters or label:				FAX to: Scan/Email to	Springfield, IL 62701 X to: 217-782-3991 an/Email to: CFS689Background@illinois.gov		
			(Submitting	Agency Fax Nu	mber)		
safekids@archchicago.org			(Submitting Agency Email Address)				
Archdiocese of Chicago			(Agency Name)				
Mary Jane Doerr			(Contact Person)				
<u>P.O. Box 1979</u>			(Address)				
Chicago, IL 60690-1979			(City/State/Zip)				