CFS 689
6/01

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse 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 (circle) Male Female Race: _____

Current Address: _____
Street/Apt.

City: _____ State: _____ Zip Code: _____

Parish/School/Agency: _____

Your Position (Circle One) Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years.

_____
_____
_____
_____

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.

_____
Signature Date

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
155 E. Superior St. (Address)
Chicago, IL 60611 (City/State/Zip)

DCFS