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:			First		Middle
Date of Birth:	Gender (circle):	Male	Female	Race:	
		1,1010			
Current Address:		Stre	et/Apt #		
Cit	У		State		Zip Code
If you currently reside in Illi OR	nois, please list all previou	us address	ses for the past f	five years.	
If you currently reside out-of	f-state, please provide ALI	L Illinois	addresses in wh	nich you did reside	-
(Street/Apt#/City/County/S	State/Zin Code)				Dates From/To
(Succur pur city/County/S	rate/Zip Code)				11011/10
List maiden name and/or al	1 other names by which t	ion horio	been known.	last first middle)	
List maluen name and/or a	1 other names by which y	ou nave	Deeli Kilowii. (1	iast, mist, midule)	
		<u> </u>			
I hereby authorize the Illinois					
Tracking system (CANTS) to or involved in a pending invest					
1 0	C				
			Den	Mail this re	quest to: and Family Services
			- Dep	406 E. Monroe -	
Signed	Dat	te		Springfield,	IL 62701
Please type, use bold letters or lal	bel:				
		(.	Agency Name)		
			Contact Person)		CESP
		(Address)		
		(City/State/Zip)		
		(Submitting Agency	y Fax Number)	