

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: _____
LEGAL 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
<u>618-212-0055</u>	(Submitting Agency Fax Number)
<u>LMuscarello@diobelle.org</u>	(Submitting Email Address)
<u>Diocese of Belleville</u>	(Agency Name)
<u>Lynn Muscarello</u>	(Contact Person)
<u>2620 Lebanon Ave. Belleville IL 62226</u>	(Address)

Department of Children and Family Services
 406 E. Monroe – Station # 30
 Springfield, IL 62701