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.

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. Dates Street/Apt#/City/County/State/Zip Code) Street/Apt#/City/County/State/Zip Code) From/To Dates List maiden name and/or all other names by which you have been known: (last, first, middle) Dates Inhereby 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	Name:		
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