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 the Department of Children and Family Services

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: ☐ Male ☐ Female Race: _____

Current Address: _____
Street / Apartment #

_____ _____ _____
City State Zip Code

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

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station # 30
Springfield, IL 62701

Please type, use bold letters or label:

_____ (Agency Name)

_____ (Contact Person)

_____ (Address)

_____ (City / State / Zip)

Print Form