

State of Illinois  
Department of Children and Family Services  
**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking Systems (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:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
City State Zip

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  
\_\_\_\_\_  
\_\_\_\_\_

Parish/School/Agency: \_\_\_\_\_

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

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

**Please type, use bold letters or label:**

\_\_\_\_\_  
**safekids@archchicago.org**  
**Archdiocese of Chicago**  
**Mary Jane Doerr**  
**P.O. Box 1979**  
**Chicago, IL 60690-1979**

(Submitting Agency Fax Number)  
(Submitting Agency Email Address)  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)

**Submit by mail OR fax OR email**  
Mail to: Department of Children and Family Services  
406 E. Monroe - Station #30  
Springfield, IL 62701  
FAX to: 217-782-3991  
Scan/Email to: DCFS.ArchDio689@Illinois.gov