

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:

Archdiocese of Chicago

Sarah Nemecek

P.O. Box 1979

Chicago, IL 60690-1979