CFS 689
6/01

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.

Name: _____
Last **First** **Middle**

Date of Birth: _____ **Gender (Circle): Male Female** **Race** _____

Current Address: _____
Street/Apt#

_____
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.

_____
Signed **Date**

Please type, use bold letters or label:

Diocese of Springfield in Illinois (Agency Name)
Pat Kornfeld (Contact Person)
P.O. Box 3187, 1615 W. Washington (Address)
Springfield, IL 62708 (City/State/Zip)

Illinois Department of Children & Family Services