

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: (Print) \_\_\_\_\_  
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