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 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.

Last			F	irst		Middle
Date of Birth:		Gender:	☐ Male	Female	Race:	
Current Address:			Street/Apt	#		······································
_	City			Statc		Zip Code
If you currently reside OR If you currently reside	•					ide while living in Illinois.
(Street/Apt#/City/Cou	unty/State/Zip Cod	le)				Dates From/To
Your Position (Circle One): Pi	•			der Lay Ei	-
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Tracking system (CAN)	ΓS) to determine whe	ther I have bee	n a perpetrat	or of an ind	icated incident of	e Child Abuse and Neglect of child abuse and/or neglect ncy listed below.
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