

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.

Name: \_\_\_\_\_  
Last First Middle

Date of Birth:  --  --  Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

City State Zip Code

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

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: CFS689Background@Illinois.gov

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please type, use bold letters or label:

- \_\_\_ No secure fax
- \_\_\_ admincoordinator@faith-online.org
- \_\_\_ Faith Lutheran Church
- \_\_\_ Janet Hernandez
- \_\_\_ 520 E. Hwy 50
- \_\_\_ O'Fallon, IL 62269
- \_\_\_ (Submitting Agency Fax Number)
- \_\_\_ (Submitting Email Address)
- \_\_\_ (Agency Name)
- \_\_\_ (Contact Person)
- \_\_\_ (Address)
- \_\_\_ (City/State/Zip)