CFS 689
Rev 10/2021

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:**

**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: DCFS.ArchDio689@Illinois.gov

_____ (Submitting Agency Fax Number)
**safekids@archchicago.org** (Submitting Agency Email Address)
**Archdiocese of Chicago** (Agency Name)
**Mayra Flores** (Contact Person)
**P.O. Box 1979** (Address)
**Chicago, IL 60690-1979** (City/State/Zip)