

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: _____ Zipcode: _____

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

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
155 E. Superior (Address)
Chicago, IL 60611 (City/State/Zip)

RETURN FORM TO:
ST. FRANCIS XAVIER PARISH
124 N. SPRING AVENUE
LA GRANGE, IL 60525

IDCIFS 29