

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK  
Child Abuse 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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish/School/Agency: \_\_\_\_\_

Your Position (Circle One) Priest Deacon Religious Order Lay Employee Volunteer

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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