

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 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.

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.

Mail this request to:
Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

Signed Date

Please type, use bold letters or label:

U of I Extension – Kankakee County (Agency Name)

Beth LaPlante, County Director (Contact Person)

1650 Commerce Drive (Address)

Bourbonnais, IL 60914 (City/State/Zip)

(Submitting Agency Fax Number) 815/933-8532

