

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: \_\_\_\_\_  
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 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:

**309-671-1580** (Submitting Agency Fax Number)  
[mblock@catholicmutual.org](mailto:mblock@catholicmutual.org) (Submitting Email Address)  
**Diocese of Peoria** (Agency Name)  
**Melissa Block** (Contact Person)  
**419 NE Madison Avenue** (Address)  
**Peoria, IL 61603** (City/State/Zip)

**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