Illinois Department of Children and Family Services

Our Lady of Mount Carmel Church 512

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 childcare facility. Please contact your licensing representative. Name: ___ First Middle

Date of Birth: _____ Gender (circle): Male Female Race: SSN: _____ Current Address: _____ Street/Apt # City State Zip Code 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.

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

Diocese of Belleville (Agency Name) Lynn Muscarello (Contact Person) 2620 Lebanon Avenue (Address) Belleville, IL 62221 (City/State/Zip)

