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:			I	First			Middle	
Date of Birth: Current Address:		Gender: 「	Male	Femal	le	Race: _		
current Address	_	-	Street/Apt	#				
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hereby authorize the I	llinois Department of	Children and Fam	ily Servic	res to conc	duct a	search of	the Child Abuse and Neglect	
							of child abuse and/or neglect	
r involved in a pending								
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				Mail to:			Children and Family Service	
Signed		Date	—			:. Monroe ngfield, IL (– Station # 30	
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