

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 childcare facility. Please contact your licensing representative. Please type or write legibly.

Name: _____
Last First Middle

Date of Birth: _____ Gender: Male Female Race: _____
MM/DD/YYYY

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.
(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)

PARISH/SCHOOL/INSTITUTION: (Name, City) _____

PARTICIPATION: Priest/Seminarian Deacon Religious Order Employee Volunteer

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.

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

Signed Date

309-671-1580
cantspeoriadiocese@gmail.com
Catholic Diocese of Peoria, IL
Safe Environment Team
419 NE Madison Avenue
Peoria, IL 61603
(Submitting Agency Fax Number)
(Submitting Agency Email Address)
(Agency Name)
(Contact Person)
(Address)
(City, State, Zip)

NOTE: Diocesan Applicants
Please return the completed form to your
location or email to:
cantspeoriadiocese@gmail.com