

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](mailto: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](mailto:cantspeoriadiocese@gmail.com)