

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 (circle): Male Female Race: \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

618-212-0055  
lmuscarello@diobelle.org

(Submitting Agency Fax Number)  
(Submitting Email Address)

Diocese of Belleville  
Lynn Muscarello  
2620 Lebanon Ave.  
Belleville, IL 62221

(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)

**Individual: Return to your Location Coordinator**  
**Location Coordinator: Submit to the Diocesan CP Office**  
**OFFICE USE ONLY: Submit by mail OR fax OR email**  
Mail to: Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701