

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:  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

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>Submit by mail OR fax OR email.</b>                                                                       |
| Mail to: Department of Children and Family Services<br>406 E. Monroe – Station # 30<br>Springfield, IL 62701 |
| FAX to: 217-782-3991                                                                                         |
| Scan/Email to: CFS689Background@illinois.gov                                                                 |

**Please type, use bold letters or label:**

785-559-4244  
KDHE.BGCheck@ks.gov

(Submitting Agency Fax Number)  
(Submitting Email Address)

Kansas Department of Health & Environment  
Amber Hernandez  
1000 SW Jackson, Ste. 200  
Topeka, Kansas 66612

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

Print Form