

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

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

217-718-7200

gjwilliams@sps186.org

Springfield Public Schools, District #186

Gloria Williams

3063 Fiat Ave.

Springfield, IL 62703

(Submitting Agency Fax Number)

(Submitting Email Address)

(Agency Name)

(Contact Person)

(Address)

(City/State/Zip)

**Submit by mail OR fax OR email.**

Mail to: 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

Print Form