

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: _____
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
_____	_____
_____	_____
_____	_____

Your Position (Circle One): **Priest** **Deacon** **Religious Order** **Lay Employee** **Volunteer**

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.

Signature	Date
312-751-8307	(Submitting Agency Fax Number)
safekids@archchicago.org	(Submitting Email Address)
Archdiocese of Chicago	(Agency Name)
Mary jane Doerr	(Contact Person)
743 North Dearborn Street.	(Address)
Chicago, IL 60654	(City/State/Zip)

~ ST. EMILY PARISHIONERS ~

Please return this form to the parish office

Mail to: St. Emily Parish Offices
1400 E. Central Road
Mt. Prospect, IL 60056

Fax to: 847-297-0358

Scan/Email to: shogan @stemily.org

Print Form