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.

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Date of Birth:]-[]-	Gender:	Male	Female	Race:		
Current Address: _						, = 1 20	
			Street/A	pt #			
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	City	F7		State			Zip Code
If you currently resid	le in Illinois, please I	list all previous a	ddresses	for the past fiv	e years.		
OR					23	*	
r you currently resid	le out-of-state, plea	se provide ALL I	llinois add	dresses in whic	th you did re	side while liv	
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