

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 childcare facility. Please contact your licensing representative.

Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_

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 by:(last, first, middle)	Dates from – to:
_____	_____
_____	_____
_____	_____
_____	_____

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	

708-488-5290	(Submitting Agency Phone number)
mtortorich@dom.edu	(Submitting Email Address)
Dominican University	(Agency Name)
Michael Tortorich	(Contact Person)
7900 W Division Street	(Address)
River Forest, IL 60305	(City/State/Zip Code)