CFS 689
Rev 7/2012

State of Illinois
Department of Children and Family Services

Camp Ondessonk
#712

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: _____
LEGAL 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.

Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

_____
Signed Date

618-212-0055 (Submitting Agency Fax Number)

LMuscarello@diobelle.org (Submitting Email Address)

Diocese of Belleville (Agency Name)

Lynn Muscarello (Contact Person)

2620 Lebanon Ave. Belleville IL 62226 (Address)

Print Form