CFS 689
Rev 7/2012

Please Indicate Council Name_____District_____Troop #_____

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

**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

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

312-421-4725 (Submitting Agency Fax Number)
Christian.Townsend@scouting.org (Submitting Email Address)
Chicago Area Council, Boy Scouts of America (Agency Name)
Chris Townsend (Contact Person)
1218 W. Adams Street (Address)
Chicago, IL 60607 (City/State/Zip)