

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

Please type, use bold letters or label:

312-433-7937 (Submitting Agency Fax Number)

louise.akins@cookcountyil.gov (Submitting Email Address)

Cook County Juvenile Temporary Detention Center (Agency Name)

Louise Akins (Contact Person)

1100 South Hamilton Ave. (Address)

Chicago, IL, 60612 (City/State/Zip)

Print Form



Cook County Juvenile Temporary Detention Center

1100 S. Hamilton Avenue, Chicago, IL 60612
TEL: (312) 433-7102 • FAX: (312) 433-6644

LEADS Background Check Request

Applicant Information															
Full Name:															
First			Last			MI		Maiden Name							
Address:															
Street Address								Apartment/Unit #							
City						State		Zip Code							
Date of Birth:			Social Security No.:			Driver's License or State ID No.:									
Gender:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		Race:		AFRICAN-AMERICAN <input type="checkbox"/>	HISPANIC /LATINO <input type="checkbox"/>	CAUCASIAN <input type="checkbox"/>	ARAB/MIDDLE EASTERN <input type="checkbox"/>	NATIVE AMERICAN <input type="checkbox"/>	ASIAN/PACIFIC ISLANDER <input type="checkbox"/>	MULTI-RACIAL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Have you ever been charged with a crime (including misdemeanors which resulted in a conviction or do you have any pending charges?) Note: A previous conviction does not necessarily disqualify an applicant, but dishonesty will result in immediate disqualification. Include court supervision and conditional discharges.										YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:			
Position Applied For:															

OFFICIAL USE ONLY

Request Information

Date:	From:	To: Louise Akins
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Results

CANTS:	FOUNDED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>	LEADS:	FOUNDED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>
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Approval Signature

Signature:	Date:
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