

Illinois Department of Children & Family Services
ADDITIONAL INFORMATION REQUEST
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

Do Not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility.

Identifying Information (Type or Print Clearly)

Name: _____
Last First Middle Name

Date of Birth: _____ Gender: Male- Female- Race: _____

Social Security Number: _____

Current Address: _____
Street/Apt#
City State Zip Code

List all addresses at which you have resided in the past 10 years with dates:

List maiden name and any other names by which you have been known: (last,first,middle)

List children's names & dates of birth that subject has resided or cared for within the last 10 years including subject's own children/step children/adopted children, nieces/nephews:

Name _____ D.O.B. _____ ; Name _____ D.O.B. _____
Name _____ D.O.B. _____ ; Name _____ D.O.B. _____
Name _____ D.O.B. _____ ; Name _____ D.O.B. _____

List any school, day care center or childcare facility in which subject has been employed in the last 10 years.

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child/Abuse and Neglect Tracking System (CANTS) records check, to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending case. I further consent to the release of this information to the entity listed below.

Signed _____ Date _____
Cook County Temporary Detention Center _____
Louise Akins _____
1100 South Hamilton Ave. _____
Chicago, IL. 60612 _____

(Agency)
(Contact Person)
(Address)
(City/State/ZIP)



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:		Race:		AFRICAN-AMERICAN	HISPANIC/LATINO	CAUCASIAN	ARAB/MIDDLE EASTERN	NATIVE AMERICAN	ASIAN/PACIFIC ISLANDER	MULTI-RACIAL	OTHER
<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	NO	If yes, explain:					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position Applied For:											

OFFICIAL USE ONLY

Request Information

Date:	From:	To:	Louise Akins
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Results

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

Approval Signature

Signature:	Date:
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