

INFORMATION REQUIRED FOR DCFS PORTAL APPLICATION

Child Abuse and Neglect Tracking System (CANTS)

NOTE: This form has been changed in compliance with the DCFS portal application process. Please complete the form online. All information **MUST** be complete in order for the application to be submitted to the DCFS portal. Printed or electronic signatures are effective and binding.

NAME: _____
Last First Middle

DATE OF BIRTH: _____ **GENDER (as assigned at birth):** Male Female
(MM / DD / YYYY)

ETHNICITY (choose only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Not Hispanic (None) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic – Central American | <input type="checkbox"/> Hispanic – South American | <input type="checkbox"/> Hispanic – Dominican |
| <input type="checkbox"/> Hispanic – Mexican | <input type="checkbox"/> Hispanic – Puerto Rican | <input type="checkbox"/> Hispanic – Spanish Descent |
| <input type="checkbox"/> Hispanic – Cuban | <input type="checkbox"/> Hispanic – Other | |

RACE (select all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native American / Alaskan |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> White | |

CURRENT ADDRESS: _____
Street / Apt #

City State Zip Code

VALID EMAIL ADDRESS: _____

Please list ANY names you may have used in the past (*Last, First Middle*):

PARISH/SCHOOL/NEWMAN CTR (Name, City): _____

PARTICIPATE AS: Priest/Seminarian Deacon Religious Order Employee Volunteer

I hereby authorize IL DCFS 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 Catholic Diocese of Peoria, IL – Safe Environment Team. Printed or electronic signatures are effective and binding.

APPLICANT SIGNATURE: _____ **DATE:** _____

IF APPLICANT IS UNDER 18 YEARS OLD MUST ALSO PROVIDE:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

309-671-1580
cantspeoriadiocese@gmail.com
Catholic Diocese of Peoria, IL
Safe Environment Team
419 NE Madison Avenue
Peoria, IL 61603

(Submitting Agency Fax Number)
(Submitting Agency Email Address)
(Agency Name)
(Contact Person)
(Address)
(City, State, Zip)