

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: Carrier Roseanne Madeline
Last First Middle

Date of Birth: 3/6/71 Gender (circle): Male Female Race: White

Current Address: 500 Winthrop Ave
Street/Apt.

City: Glendale Hgts State: IL Zipcode: 60139

Parish/School/Agency: St. Constance

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years:

152 Glanstone Dr #202 Glendale Hgts IL 60139
72 Glen Hill Dr Glendale Hgts IL 60139

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

Bartockie, Roseanne Madeline
Lo Cascio, Roseanne Madeline

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.

Roseanne M. Carrier 9/14/19
Signature Date

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
835 N Rush St. (Address)
Chicago, IL 60611 (City/State/Zip)

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking Systems (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: Carrier Roseanne Madelaine
Last First Middle

Date of Birth: 3 - 6 - 71 Gender: Male Female Race: White

Current Address: 500 Winthrop Ave
Street/Apt #
Chicago IL 60639
City State Zip

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR 152 Gladstone Apt 202 Glendale Hgts IL 60139
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

Parish/School/Agency: St. Constance

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List maiden name and/or all other names by which you have been known (last, first, middle):
Cartodzie, Roseanne Madeline
LoCascio, Roseanne Madeline

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.

Roseanne Carrier 9/14/19
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:
safekids@archchicago.org
Archdiocese of Chicago
Mary Jane Doerr
P.O. Box 1979
Chicago, IL 60690-1979

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

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking Systems (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: COBLEIGH ROSE FRANCES
Last First Middle

Date of Birth: 6 - 16 - 65 Gender: Male Female Race: WHITE

Current Address: 3048 N MARIONA AVE
Street/Apt #
CHICAGO IL 60634
City State Zip

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) 3048 N MARIONA AVE CHICAGO IL 60634
Dates From/To AUGUST 1994 - NOW

Parish/School/Agency: SAINT CONSTANCE

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

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

ROSE F COBLEIGH
ROSE FRANCES COBLEIGH
ROSE COBLEIGH
ROSE VIELLO

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.

Rose F. Cobleigh 9-16-2019
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:

safekids@archchicago.org
Archdiocese of Chicago
Mary Jane Doerr
P.O. Box 1979
Chicago, IL 60690-1979

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

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
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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: COBLEIGH ROSE FRANCES
Last First Middle

Date of Birth: 6-16-65 Gender (circle): Male Female Race: WHITE/CAUCASIAN

Current Address: 3048 N MARZMORA AVE
Street/Apt.

City: CHICAGO State: IL Zipcode: 60634

Parish/School/Agency: SAINT CONSTANCE

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years:
3048 N MARZMORA AVE CHICAGO IL 60634

List maiden name and/or all other names by which you have been known: (last, first, middle)
~~ROSE~~ VITELLO ROSE F
VITELLO ROSE

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.

Rose F Cobleigh 11-18-2019
Signature Date

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
835 N Rush St. (Address)
Chicago, IL 60611 (City/State/Zip)

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

Illinois Department of Children and Family Services

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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: COBLEIGH MICHAEL LINDSAY
Last First Middle

Date of Birth: 7-28-46 Gender (circle): Male Female Race: WHITE

Current Address: 3048 N MARMORA AVENUE
Street/Apt.

City: CHICAGO State: IL Zipcode: 60634

Parish/School/Agency: SAINT CONSTANCE

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years:
3048 N MARMORA AVENUE CHICAGO IL 60634

List maiden name and/or all other names by which you have been known: (last, first, middle)
COBLEIGH MICHAEL LINDSAY
COBLEIGH MICHAEL L
COBLEIGH MICHAEL

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.

Michael L. Cobleigh 9-23-2019
Signature Date

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
835 N Rush St. (Address)
Chicago, IL 60611 (City/State/Zip)

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking Systems (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: COBLEIGH MICHAEL LINDSAY
Last First Middle

Date of Birth: 7 - 28 - 46 Gender: Male Female Race: WHITE

Current Address: 3048 N. MARMORA
Street/Apt #
CHICAGO IL 60634
City State Zip

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

Parish/School/Agency: SAINT CONSTANCE

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

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.

Michael S. Cobleigh 11-18-19
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:
safekids@archchicago.org
Archdiocese of Chicago
Mary Jane Doerr
P.O. Box 1979
Chicago, IL 60690-1979

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

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
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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: DUBIEL MARY FRANCES
Last First Middle

Date of Birth: 02-13-1988 Gender (circle): Male Female Race: W

Current Address: 151 E. ELIZABETH CT
Street/Apt.

City: WOOD DALE State: IL Zipcode: 60191-2326

Parish/School/Agency: ST CONSTANCE

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years:
SAME ADDRESS *checked*

List maiden name and/or all other names by which you have been known: (last, first, middle)
MARY FRANCES POPIOLEK

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.

Mary Frances Dubiel Signature Date 9/23/2019

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
835 N Rush St. (Address)
Chicago, IL 60611 (City/State/Zip)

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

State of Illinois
Department of Children and Family Services
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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: DUBIEL MARY FRANCES
Last First Middle

Date of Birth: 2-13-38 Gender: Male Female Race: white

Current Address: 151 E. ELIZABETH ST
Street/Apt # WOOD Dale, IL ILLINOIS 60191-2326
City State Zip

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
<u>Same Address</u>	

Parish/School/Agency: St Constance

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List maiden name and/or all other names by which you have been known (last, first, middle):
MARY FRANCES POPIOLEK
UNTIL MARRIAGE

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.

Mary Jones 9/20/11
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

safekids@archchicago.org
Archdiocese of Chicago
Mary Jane Doerr
P.O. Box 1979
Chicago, IL 60690-1979

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

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
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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: Kusz Michaelene Vucinic
Last First Middle

Date of Birth: 6/22/48 Gender (circle): Male Female Race: White

Current Address: 2919 Glenview Ave
Street/Apt.

City: Park Ridge State: IL Zipcode: 60068

Parish/School/Agency: St. Constance

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years:
2919 Glenview Ave Park Ridge IL

List maiden name and/or all other names by which you have been known: (last, first, middle)
Kusz, Michaelene, Vucinic (maiden name)

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.

Michaelene V. Kusz 9/9/2019
Signature Date

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
835 N Rush St. (Address)
Chicago, IL 60611 (City/State/Zip)

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

State of Illinois
Department of Children and Family Services
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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: Kusz Michaelene Vucinic
Last First Middle

Date of Birth: 6 - 22 - 48 Gender: Male Female Race: _____

Current Address: 2919 Glenview Ave
Street/Apt #
Park Ridge IL 60068
City State Zip

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
_____	_____
_____	_____

Parish/School/Agency: St. Constance

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List maiden name and/or all other names by which you have been known (last, first, middle):
Vucinic

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.

Michaelene V. Kusz 9/9/2019
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:

safekids@archchicago.org

Archdiocese of Chicago

Mary Jane Doerr

P.O. Box 1979

Chicago, IL 60690-1979

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

Illinois Department of Children and Family Services

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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: LOCASCIO ANGELA J
Last First Middle

Date of Birth: 12-13-43 Gender (circle): Male Female Race: WHITE

Current Address: 6218 W FOSTER
Street/Apt.

City: CHICAGO State: ILLINOIS Zipcode: 60630

Parish/School/Agency: ST CONSTANCE

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years: SAME

List maiden name and/or all other names by which you have been known: (last, first, middle) NONE
FRICANO ANGELA J

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.

Angela J. Locascio 11-18-19
Signature Date

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
835 N Rush St. (Address)
Chicago, IL 60611 (City/State/Zip)

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
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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: LOUASCIO ANGELIA J
Last First Middle

Date of Birth: 12 - 13 - 43 Gender: Male Female Race: WHITE

Current Address: 6218 WEST FOSTER
Street/Apt #
CHICAGO ILLINOIS 60630
City State Zip

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
_____	_____
_____	_____

Parish/School/Agency: _____

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List maiden name and/or all other names by which you have been known (last, first, middle):
FRILANO ANGELIA J

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.

Angela J Louascio 11-18-19
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:
312-751-8307
safekids@archchicago.org
Archdiocese of Chicago
Mary Jane Doerr
743 N. Dearborn St.
Chicago, IL 60654

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

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
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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: Yip MARIA Y
Last First Middle

Date of Birth: 6/3/1951 Gender (circle): Male Female Race: CHINESE

Current Address: 5558 N. MAJOR AVE
Street/Apt.

City: CHICAGO State: ILLINOIS Zipcode: 60630-1204

Parish/School/Agency: ST. CONSTANCE CHURCH

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years:
SAME AS ABOVE

List maiden name and/or all other names by which you have been known: (last, first, middle)
CHIN, MARIA Y.

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.

Maria Yip 9/16/2019
Signature Date

Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
835 N Rush St. (Address)
Chicago, IL 60611 (City/State/Zip)

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking Systems (CANTS)
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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: Yip MARIA Y.
Last First Middle

Date of Birth: 06 - 03 - 51 Gender: Male Female Race: CHINESE

Current Address: 5538 N. MAJOR AVE.
Street/Apt #
CHICAGO, ILLINOIS 60630-1204
City State Zip

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

Parish/School/Agency: St. CONSTANCE CHURCH

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List maiden name and/or all other names by which you have been known (last, first, middle):
MARIA CHIN

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.

Maria Yip 9/16/2019
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:

safekids@archchicago.org
Archdiocese of Chicago
Mary Jane Doerr
P.O. Box 1979
Chicago, IL 60690-1979

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