#### AUTHORIZATION FOR BACKGROUND CHECK Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

Signature  Date  Archdiocese of Chicago (Agency Name)  Jan Slattery (Contact Person)  835 N Rush St. (Address)  Chicago, IL 60611 (City/State/Zip)
Signature Date  Archdiocese of Chicago (Agency Name)  Jan Slattery (Contact Person)  835 N Rush St. (Address)
Signature Date  Archdiocese of Chicago (Agency Name) Jan Slattery (Contact Person)
Signature Date  Archdiocese of Chicago (Agency Name)
W 1001 11 11 11 11 11 11 11 11 11 11 11 1
Roseanne M.Carrier 9/14/19
the release of this information to the agency listed below.
indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to
Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an
I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child
LoCascio Riseanne Madeline
Bartodrie, Roseanne Madeline Locascio, Roseanne Madeline
List maiden name and/or all other names by which you have been known: (last, first, middle)
72 Glen Hill Nr Glendale Highe IL W139
152 Glanktone Dr #202 Glendale Hets /1.60/39
List all addresses at which you have resided in the past five years:
Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer
Parish/School/Agency: 6t. CONStawce
City: Glendale Hets State: 1L Zipcode: 160139
<u>-</u>
Current Address: 500 WWHOOD Ave Street/Apt.
Name: Carrier Roseanne Madeline Last First Middle
11000100
• • • • • • • • • • • • • • • • • • • •
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.

Mail this request to:
Department of Children and Family Services
406 E. Monroe – Station #30

Springfield, IL 62701

Department of Children and Family Services

#### AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (CANTS)

For Programs NOT Licensed by DCFS

Name:	Carrier	Roseanne		Madeline	
	Last	First		Middle	
Date of B	sirth: 3 - 6 - 71	Gender: Male	Female	Race: ///h/te	
Current A	Address: 500 Winth	mp Ave			
	06.0	Stre	eet/Apt #		1
	unicaço			<u>60439</u>	
	City		State	Zip	
	rrently reside in Illinois, please Color for Apt rrently reside out-of-state, plea				ng in Illinois.
(Street/A	pt#/City/County/State/Zip Cod	le)		From/To	•
	len name and/or all other name M7.1e, Roseanne C10, Koseanne M		een known (last, f	irst, middle):	
Tracking S	uthorize the Illinois Department of System (CANTS) to determine wild in a pending investigation. I fur	hether I have been a perp	etrator of an indicat e of this information Submit by mail (	ed incident of child abuse and/on to the agency listed below.  OR fax OR email	or neglect
	Signed	Date	4	epartment of Children and Far 16 E. Monroe - Station #30 pringfield, IL 62701	illy Services
Please typ	ne, use bold letters or label:		FAX to: 2	17-782-3991 FS689Background@illinois.go	v
		<del></del>	Agency Fax Numbe	•	
-	archchicago.org		Agency Email Add	ress)	
	ese of Chicago	(Agency Nar			
Mary Jan		(Contact Per	son)		
P.O. Box		(Address)			
Chicago,	IL 60690-1979	(City/State/Z	Lip)		

Department of Children and Family Services

## AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (CANTS)

#### For Programs NOT Licensed by DCFS

Name:	COBLEIGH	Rose	5	FRANCES
	Last	First		Middle
Date of Birth:	Ce - 16 - 65	Gender: Male	Female	Race: WHITE
Current Addres	s: 3048 N			
	C HI CALOO	Str	eet/Apt#	60634
	City		State	Zip
OR	reside in Illinois, please reside out-of-state, plea	· •	_	re years. Th you did reside while living in Illinois. Dates
(Street/Apt#/Ci 3048	ty/County/State/Zip Cod N MAZMORA	e) LVE CHICAGO	16 60634	From/To AUGUST 1994- HOLE
Parish/School/A	Agency: 50\NT	CONSTANCE		
Your Position	(Circle One): Pr	iest Deacon	Religious O	order Lay Employee Volunteer
ROSE F	me and/or all other name COBLEIGH CLINCES COBLEIG COBLEIGH		een known (last, fii	rst, middle):
Tracking System	(CANTS) to determine w	nether I have been a perp	etrator of an indicate	hearch of the Child Abuse and Neglect dincident of child abuse and/or neglect to the agency listed below.
Tool	to Coble	9-16-2019	Submit by mail O	
Signe	d Ö	Date	400	partment of Children and Family Services 6 E. Monroe - Station #30 ringfield, IL 62701
Please type, use	bold letters or label:		FAX to: 21'	7-782-3991 S689Background@illinois.gov
			Agency Fax Number	
safekids@archo	-		Agency Email Addre	ess)
Archdiocese of	<del>-</del>	(Agency Na	•	
Mary Jane Doe	<u>rr                                   </u>	(Contact Per	rson)	
P.O. Box 1979	,	(Address)		
Chicago, IL 600	590-1979	(City/State/2	Zip)	

## AUTHORIZATION FOR BACKGROUND CHECK Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

		you are an applic ty.  Please contac			yee/volunteer of a e.
Name:	COBL	E16H	ROSE		FRANCES
<del></del>	Last		First		Middle
Date of Birth: _	6-16-65.	Gender (circle)	: Male F	emale Rac	HITE/CAUCKS)
Current Addres	ss: <u>3048</u>	N MAT	LMORA	AVE	
		St	reet/Apt.		
City: C'H			الـ	Zipcode	: 60634
Parish/School/	Agency: 561	MT CONS-	TANCE		•
Your Position	(Circle One):	Priest Deaco	n Religio	us Order Lay	Employee Volunteer
List all address	es at which you l	have resided in the	ie past five ye	ars: (460 ] L	60634
			<del> </del>		
DE N	VITELLO				
Abuse and Neg indicated incide the release of the	lect Tracking sy ent of child abus	stem (CANTS) to	determine w or involved in	hether I have be a pending inves	conduct a search of the Child en a perpetrator of an tigation. I further consent to
Archdiocese of Jan Slattery 835 N Rush St. Chicago, IL 60		Agency Name) Contact Person) (Address) (City/State/Zip)	•		
,		Department of C 406 E. N	il this request Children and Monroe – Stat Ingfield, IL 62	Family Services ion #30	

#### AUTHORIZATION FOR BACKGROUND CHECK Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

Name:	COB	he 16H	MIC	什么这一	21	NDSAT	
	Last	•	First		Mid	dle	_
Date of Birt	h: 7-28-40	gender (ci	rcle): Male	Female	Race:	WHITE	_
Current Ade	dress: 3049	8 N W	ARMORA	AVE	ENUE		-
At u			Street/Apt.				
City:	+1CA GO	Sta	te: 1 L		_ Zipcode: _	60634	
Parish/Scho	ol/Agency: <u>SA</u>	TINT CO	NSTANCE	3			
Your Positi	ion (Circle One)	): Priest D	eacon Reli	gious Ord	ler Lay Er	aployee Volu	nteer
List all addr 30닉용 1	resses at which you MARMOR	ou have resided A AVEA	in the past five	e years:	11 (	60634	
COBLEN	name and/or all 6H M \ C HA: 16H M \ C HA	EL LINDS	which you ha	ve been kn	own: (last, fi	rst, middle)	
COBLE							
Abuse and I indicated in	thorize the Illinoi Neglect Tracking cident of child ah of this informatio Signature	system (CANT use and/or neg	S) to determin lect or involved listed below.	e whether d in a pend	I have been a	perpetrator of a ion. I further co	n
Amabaliaaaa	of Chicago	(Agency Nam	۱۵)				
Archdiocese Jan Slattery		(Contact Pers	,				
835 N Rush		(Address)					
Chicago, IL	60611	(City/State/Z	ip)				
		<del></del>	Mail this requ	est to:			<u></u>
		Department	of Children a		Services		
			E. Monroe - S	Station #30			
I			Springfield II	62701			

Department of Children and Family Services

#### AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (CANTS)

For Programs NOT Licensed by DCFS

Name: OBLEIGH	MICHAEL LINDSAY  First Middle
Date of Birth: 7 - 28 - 46 Gender	r: Male Female Race: WHITE
Current Address: 3048 N. MA	RMORA Street/Apt#_
CHICAGO City	State Zip
If you currently reside in Illinois, please list all pr OR	
(Street/Apt#/City/County/State/Zip Code)	Dates From/To
Your Position (Circle One): Priest  List maiden name and/or all other names by which	Deacon Religious Order Lay Employee Volunteer ch you have been known (last, first, middle):
Tracking System (CANTS) to determine whether I have	and Family Services to conduct a search of the Child Abuse and Neglect we been a perpetrator of an indicated incident of child abuse and/or neglect nt to the release of this information to the agency listed below.  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 (Submitting Agency Fax Number)
safekids@archchicago.org	(Submitting Agency Email Address)
Archdiocese of Chicago	(Agency Name)
Mary Jane Doerr	(Contact Person)
P.O. Box 1979	(Address)
Chicago, IL 60690-1979	(City/State/Zip)

#### 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: DUE	1164	MAK	2Y	FRA	NCES.
La	st	First	7	Middle	
Date of Birth: <u>62-13</u>	Gender (circle)	: Male	Female	Race:	$\underline{\omega}$
Current Address: 12	51 E. GL12.4B St	off C reet/Apt.	<u> </u>	<del></del>	
City: (LOOD DAL	State:	AL	Zi	pcode: 60	119/-2326
Parish/School/Agency:	St CONSTAN	100			
Your Position (Circle C	One): Priest Deaco	on Reli	igious Order	Lay Emplo	yee Volunteer
List all addresses at which	h you have resided in th	ie past fiv	e years:		Corechel
SAMO	ADDR 055				
List maiden name and/or	all other names by whi	ch you ha	ive been known	: (last, first,	middle)
				·	
I hereby authorize the Ill Abuse and Neglect Track indicated incident of child the release of this informa	ing system (CANTS) to I abuse and/or neglect (	determii or involve	ie whether I ha	ve been a per	petrator of an
Maris Herel	2 Deshar D			9/2	= /3 = 19
Signature	Dabul .		Dat	e	3/2019
Archdiocese of Chicago	(Agency Name)				
Jan Slattery	(Contact Person)				
835 N Rush St.	(Address)	•			
Chicago, IL 60611	(City/State/Zip)				
•	Mai	l this req	uest to:		
	Department of C			vices	
	406 E. N	Ionroe –	Station #30		

Springfield, IL 62701

Department of Children and Family Services

## AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (CANTS)

## For Programs NOT Licensed by DCFS

Name:	Duoiel	MARY	,	FRANCES	3
	Last	First	5 /	Middle	
Date of Bi	irth: 🗿 – 🛐 – 🥝	Gender: Male	Female	Race: while	le
Current A	ddress:     5  G EL	12ABOHD (	4		/
	WOOD DALe, I	Stre	et/Apt#	5	0191-2326
	City		State	2	Zip
OR	rently reside in Illinois, please list	_			
If you cur	rently reside out-of-state, please p	rovide ALL Illinois	s addresses in whi	ich you did reside w	hile living in Illinois. Dates
(Street/Ap	ot#/City/County/State/Zip Code) Same Addul			. 1	From/To
	Jane ason				
Parish/Sch	nool/Agency: St Constn	TNCE			
Your Pos	ition (Circle One): Priest	Deacon	Religious	Order Lay Emple	oyee (olunteer)
MAR	en name and/or all other names by FRANCES POP HIL MARRIAGE		een known (last, f	îrst, middle):	· · · · · · · · · · · · · · · · · · ·
T.1" 1	distinct the Illinois Department of Ch	ildaan and Family Ca	iona to conduct o	search of the Child Al	huse and Neglect
Tracking S	athorize the Illinois Department of Ch System (CANTS) to determine whether d in a pending investigation. I further	er I have been a perpe	etrator of an indicat	ed incident of child ab	use and/or neglect
me	my hard Ovan	91221101	Submit by mail	OR fax OR email	
<u> </u>		Date	4	Pepartment of Children 06 E. Monroe - Station	
Please typ	e, use bold letters or label:		FAX to: 2	pringfield, IL 62701 17-782-3991 FS689Background@i	llinois.gov
		(Submitting	Agency Fax Numb	er)	
safekids@	archchicago.org	(Submitting	Agency Email Add	ress)	
Archdioco	ese of Chicago	(Agency Nar			
Mary Jan	e Doerr	(Contact Per	son)		
P.O. Box	j"	(Address)			
Chicago,	IL 60690-1979	(City/State/Z	Zip)	•	

## 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: Kusz Michaelene Vucinic
Last First Middle
Name: Kusz Michaelene Vucinic  Last First Middle  Date of Birth: 4/22/48 Gender (circle): Male Female Race: White
Current Address: 2919 Clenview Ave Street/Apt.
· · · · · · · · · · · · · · · · · · ·
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 Glenvieu Ave Park Ridge II
J
List maiden name and/or all other names by which you have been known: (last, first, middle)  Kusz, Michaelene, Vucinia (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.
Mishaeline V. Kust 9/9/2019 Signature Date
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

Department of Children and Family Services

#### AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (CANTS)

For Programs NOT Licensed by DCFS

Name:	Kusz	Michael	elenc	Vac	cinic	
	Last	First		Middle		
Date of Birth:	6 - W - 48	Gender: Male	Female	Race:		
Current Addre	ss: <u>2919</u>	Glenvieu	Ave			
	Park	Str	reet/Apt #	ı	( Ax 1. 0	
	Park P	age.	State	)	60868	
	City	•	State	•	ΣΨ	
•	y reside in Illinois, plea	se list all previous addre	esses for the past fi	ve years.		
OR			:	_1	da mbila livina	in Illinaia
If you currently	y reside out-of-state, pl	ease provide ALL Illino	is addresses in whi	en you ald resi	de while hving Dates	in innois.
(Stroot/ A mtH/C	lity/County/State/7in C	ode)			From/To	
(Sueeu Api#/C	ity/County/State/Zip C	ode)			Pione io	
		· · · · · · · · · · · · · · · · · · ·	-			
		^ .			*****	
Parish/School/	Agency: <u>St.</u>	Constance			<u> </u>	
Your Position	(Circle One):	Priest Deacon	Religious (	Order Lay E	Employee (Vo	olunteer
	•					
		nes by which you have l	oeen known (last, I	irst, middle):		
MUCINIC					<del></del>	
				<u></u>		
I haraby outhori	re the Illinois Departmen	t of Children and Family S	lenvices to conduct a	search of the Ch	ild Abuse and N	eglect
		whether I have been a perp				
		further consent to the release				
in 1	i $i$ $i$	9/0/2019	Submit by mail (			
Tychae	une U. Mas	1 Pote	1 · · · · · · · · · · · · · · · · · · ·	epartment of Chi		y Services
/ Signe	ea	Date /		06 E. Monroe - S		
Please type, use	e bold letters or label:		FAX to: 21	oringfield, IL 62 17-782-3991	2/01	
			Scan/Email to: C	. , ,	nd@illinois.gov	
		(Submitting	Agency Fax Number	er)		
safekids@arch	chicago.org	(Submitting	Agency Email Addı	ess)		
Archdiocese of		(Agency Na				
Mary Jane Do		(Contact Pe	·			
P.O. Box 1979		(Address)				
Chicago, IL 60	1	(City/State/	Zip)			

#### 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: LOCASCIO ANGELA J
Last First Middle
Date of Birth: 12-13-43Gender (circle): Male Remale Race: UH171-
Current Address: 6318 W FOSTER Street/Apt.
• • • • • • • • • • • • • • • • • • •
City: <u>OHICAGO</u> State: <u>ILLINUS</u> Zipcode: <u>60630</u>
Parish/School/Agency: S7 CUNS 7/ANCL-
Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer)
List all addresses at which you have resided in the past five years: SAML=
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.
Signature Date
Archdiocese of Chicago (Agency Name)  Jan Slattery (Contact Person)
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

Department of Children and Family Services

## AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (CANTS)

## For Programs NOT Licensed by DCFS

Name:	DUSCIO	AU	WELA	J	
<del></del>	Last	First		Middle	
Date of Birth: [2]	- 13 - 13	Gender: Male	Female	Race:	71=
Current Address:	18 WES	7 FOST	ER		
-	CH10460	Str	eet/Apt #	INUIS	60630 Zip
OR	le in Illinois, please l				while living in Illinois.
If you cultering resid	ic out-or-state, prease	provide ribb innie	io accareosed in win	,	Dates
(Street/Apt#/City/Co	ounty/State/Zip Code)	)			From/To
Parish/School/Agend	y:				
Your Position (Circ	ele One): Prie	st Deacon	Religious	Order Lay Em	ployee Volunteer
List maiden name an	d/or all other names	by which you have b	een known (last, f	irst, middle):	
Tracking System (CAI	Illinois Department of (NTS) to determine whether	ther I have been a perp	etrator of an indicat	ed incident of child	abuse and/or neglect
or involved in a pendir	ng investigation. I furthe	er consent to the releas			d below.
(Ayela) Signed	Lusur	77-18-19 Date	4(	epartment of Child 36 E. Monroe - Stat	
Please type, use bold	letters or label:		FAX to: 2	pringfield, IL 6270 17-782-3991 FS689Background(	
312-751-8307		(Submitting	Agency Fax Number	er)	
safekids@archchicag	o.org	(Submitting	Agency Email Add	ress)	
Archdiocese of Chica	go	(Agency Nar	me)		
Mary Jane Doerr		(Contact Per	rson)		
743 N. Dearborn St.		(Address)			
Chicago, IL 60654		(City/State/Z	Zip)		

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

Current Address: 5558 N. MAJOR AUE

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. 9/16/2019 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

Department of Children and Family Services

# AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking Systems (CANTS)

## For Programs NOT Licensed by DCFS

***	Vin	MARIA	· 9	У	
Name: _	Total	First	-	Middle	
Date of B	Sirth: 06 - 03 - 51	Gender: Male	Female Ra	ce: <u>CHINESE</u>	
Current A	Address: 5558 N.	MAJOR AVE.	t/Apt#		
	allianca	Diloo	ILLINOI	S 60630-/204 Zip	
	CHICAG70,		State	Zip	
	urrently reside in Illinois, please urrently reside out-of-state, plea			ars. ou did reside while living in Illinois. Dates	
	Apt#/City/County/State/Zip Cod			From/To	
Your P	iden name and/or all other name		Religious Orde	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.					
Mustyp 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		
Please	type, use bold letters or label:		1 717-7	82-3991 89Background@illinois.gov	
		(Submitting	Agency Fax Number)		
safekids@archchicago.org (Submitting Agency Email Address)				)	
Archdiocese of Chicago (Agency Name					
	(Cartest Person)				
	Mary Jane Doert				
	P.U. BOX 19/9				
<u>Chica</u>	Chicago, IL 60690-1979 (City/State/Zip)				