

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I,	, understand that when I am employed as a
,	(Employee Name)
	report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-2 reasonable cause to believe that a child known to me in my professional or official neglected. I understand that there is no icharge outheus packing albid Hottliste on uneglected.
	I affirm that I have read this statement and have knowledge and understanding of twhich apply to me under the Abused and Neglected Child Reporting Act.
	Signature of Applicant/Employee
CANTS 22	Date

Office of the Director 406 E. Monroe Street • Springfield, Illinois 62701 www.DCFS.illinois.gov

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