

This is a legal document. Do not modify this form in any way.

CFS 689
REV. 1/2023

Illinois Department of Children & Family Services
Authorization for Background Check
Child Abuse/Neglect Tracking System (CANTS)
This form is for programs NOT licensed by Illinois DCFS

Name: _____
Last First Middle

Date of Birth: _____ Gender: _____ Ethnicity: _____ Race: _____

Applicant Email or Parent/Guardian Email (if currently under 18): _____

Current Address: _____
(Street Address | Apartment/Unit/Floor #)

City State Zip Code

List previous addresses at which you have resided, within the past 5 years, including dates.

List any other names by which you have been known (maiden, nicknames, etc.)

List the name and date of birth of any child that has ever resided with or been in your care.
(include subject's biological/adopted/step children, nieces and/or nephews, grandchildren, etc.)

Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:

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 (Must be dated within 1 year of process date) Date

Parent/Guardian signature required if subject is under 18 years Date

Agency Name: _____
Agency Contact: _____
Address: _____
Address line 2: _____
Email: _____
Agency Tracking #: _____



This form is only accepted via email.
Mailed or faxed forms will not be accepted.

Please submit as a PDF attachment to:
DCFS.689Background@illinois.gov

Phone: 217-557-0758