

Information Needed to Request a CANTS Check

Processed via the State of Illinois
Department of Children and Family Services

CANTS (Child Abuse and Neglect Tracking System)
For Programs NOT Licensed by DCFS

NAME:			
	LEGAL Last	LEGAL First	LEGAL Middle
DATE OF BIRT	гн:/	EMAIL:	
GENDER (assi	igned at birth): \Box Male	☐ Female	
ETHNICITY:	☐ Not Hispanic (none)		
	☐ Hispanic-Central American		
	☐ Hispanic-South American		
	☐ Hispanic-Dominican		
	☐ Hispanic-Mexican		
	☐ Hispanic-Puerto Rican		
	☐ Hispanic-Spanish Descei	nt	
	☐ Hispanic-Cuban		
	☐ Hispanic-Other		
	□ Unknown		
RACE: (Select	all that apply)		
	☐ Asian		
	\square Black/African American		
	☐ Native American/Alaska	n (Indian or Eskimo)	
	\square Native Hawaiian /Pacific	: Islander	
	☐ White		

Please return this form to your Child Protection Location Coordinator promptly. Your Location Coordinator will submit an Agency Request to DCFS. You will receive an email from DCFS (DCFS.CFS689BackgroundCheck@illinois.gov) to register, verify and authorize the request. Please make sure to check your email and your spam folder for this request.

Please note if any of the information that I have entered is incorrect during the verification step, please notify me with the corrected information and do NOT authorize until I correct the error.