CFS 689
Rev 10/2020

State of 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: _____
Last First Middle

Date of Birth: ____ -- ____ -- ____ Gender: ☐ Male ☐ Female Race: _____

Current Address: _____
Street/Apt #

_____
City State Zip Code

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

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.

_____
Signed - ***must be a handwritten signature; not typed*** Date

For Extension Office Use:
Scan/Email to:
Department of Children and Family Services
DCFS.689Background@illinois.gov
While not perferred, if you do not have scanning capabilities they will accept a picture of the document

Please type, use bold letters or label:

309-663-8306 (Submitting Agency Fax Number)
ameanor@illinois.edu (Submitting Email Address)

U of I Extension (Agency Name)
Alison Meanor (Contact Person)
1615 Commerce Parkway (Address)
Bloomington, IL 61704 (City/State/Zip)

Print Form