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

List all addresses at which you have resided in the past five years:

_____

_____

_____

_____

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 handwritten signatures; not typed! Date

Please type, use bold letters or label:

Submit by email
Submit to: Department of Children and Family Services

Scan/Email to: DCFS.689Background@illinois.gov
If you do not have scanning capabilities; they will accept a picture of the document.

(309) 862-4041 (Submitting Agency Fax Number)
sattig@illinois.edu (Submitting Email Address)
Unity Community Center (Agency Name)
Sky Holland (Contact Person)
632 Orlando Ave (Address)
Normal, IL 61761 (City/State/Zip)

DCFS