**State of Illinois**

**Department of Children and Family Services**

**Child Abuse and Neglect Tracking System (CANTS)**

In order to initiate the Illinois child abuse clearance process, an ACI staff member

must provide the following information to DCFS.

**IMPORTANT:**Following submission, you will receive an email from DCFS to authorize the child abuse clearance. This email will come from *Dcfs.CFS689BackgroundCheck@illinois.gov*. Please follow the instructions in this email to create an account and answer additional questions. **Your child abuse clearance CANNOT be processed if you do not complete this step.**

**Applicant**

|  |  |  |
| --- | --- | --- |
| Last Name: | Click or tap here to enter text. | |
| First Name: | Click or tap here to enter text. | |
| Middle Name: | Click or tap here to enter text. | |
|  | | |
| Date of Birth: | Click or tap here to enter text. | |
|  | | |
| Email  (needs to be unique  for each applicant): | | Click or tap here to enter text. |
|  | | |
| *If minor, also fill in below:* | | |
| Parent/Guardian Name: | | Click or tap here to enter text. |
| Parent/Guardian Email: | | Click or tap here to enter text. |

**Please fax or email form to:**

Jessica Siebert

[jsiebert@adoptillinois.org](file:///C:\Users\TeresaBernu\Downloads\jsiebert@adoptillinois.org)

FAX (773) 321-0308

Family Resource Center

5828 North Clark Street

Chicago, Illinois 60660