

Illinois Department of Children & Family Services

## CFS689 Background Check Portal

Required Information for Illinois CANTS background check

Use of this form is *optional* and should only be used as a tool to collect applicant information that will be entered into the CFS689 Background Check portal system. Please verify applicable information against a valid form of identification.

**The following applicant information will be entered into the portal by the Agency Requestor.**

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Date of Birth: \_\_\_\_\_ Gender (*assigned at birth*): \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Email Address to be used for Authorization: \_\_\_\_\_



[DCFS.ProductionControlUnit@illinois.gov](mailto:DCFS.ProductionControlUnit@illinois.gov)

Phone: 217-557-0758



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