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 followi	ng applicant information will be ento	ered into the portal by the	<u>Agency Requestor</u> .	
Name:				
Last	First		Middle	
Date of Birth:	Gender (assigned at birth):	Ethnicity:	Race:	
Email Address to be use	d for Authorization:			
	Illinois Departr Children & Far	FS		
	DCFS.ProductionConf	trolUnit@illinois.gov		
	Phone: 217	-557-0758		
Background C	Illinois Department of Chi CFS689 Backgrou Required Information for Illino al and should only be used as a tool to co heck portal system. Please verify applicate ng applicant information will be enter	nd Check Portal ois CANTS background checo ollect applicant information the ole information against a valid	at will be entered into the CFS689 form of identification.	
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