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. All questions below must be answered

 using one of the responses provided by DCFS.

Following submission, you will **receive an email** from DCFS with further instructions. You will

need to create an account to verify the information entered and answer additional questions.

 **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. |
|  |
| Sex (assigned at birth): | Female | [ ]  |
|  Male  | [ ]  |
|  |
| Ethnicity (choose one):  | Choose an item. |
|   |
| Race (choose all that apply):  | Asian  | [ ]  | Black/African American  | [ ]  |
|  | White  | [ ]  | Unknown  | [ ]  |
|  | Native Hawaiian / Pacfic Islander  | [ ]  | Native American /Alaskan (Indian or Eskimo)  | [ ]  |
| 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](jsiebert%40adoptillinois.org)

 FAX (773) 321-0308

 Family Resource Center

 5828 North Clark Street

 Chicago, Illinois 60660