

State of Illinois
Department of Children and Social Services
REQUEST FOR LEADS / CANTS CHECK

To: State Central Register / LEADS Operator
FAX: (217) 524-0359
Office: (217) 785-3202

From: Worker Name _____ Worker ID _____
Agency _____ POS / DCFS Region/Site/Field _____
Office Phone _____ Office Fax _____

I have signed a CFS 853. Acknowledgment of Limits of LEADS Access and Confidentiality of LEADS Information. (Worker may only continue if this box is checked.)

Purpose of Leads / Cants Check (Worker must provide applicable information)

1. Child Protection Investigation: Provide SCR # _____
2. Child Welfare Services: Provide Case ID # _____ and check reason below:
 - a. Unlicensed Relative Foster Home: Family Composition Changes ACR
 - b. For DCFS Wards: Return Home Visitation Court Ordered Home Study Adoption
Subsidized Guardianship Protective Service Plan Intact Family Closing Intact Case
Other - Please Specify (Not for Placements) _____

NOTE: LEAD CHECKS ARE NOT TO BE CONDUCTED ON LICENSED PROVIDERS.

CANTS / LEADS INFORMATION – Worker to Complete							SCR Use Only
Last Name	First Name	MI	Sex	Race	Date of Birth	Social Security No.	*P/N

* P = Positive / Possible Criminal History Identified N = Negative / No Criminal History Identified
Positive LEADS information will be mailed to worker within 24 hours

CANTS INFORMATION – SCR Use Only							
SCR #	Date	RTO	Status	Allegation	Perpetrator	Victim	Case Name

Check box below:

LEADS Confirmation # _____ For call-ins only: SCR has asked if worker signed CFS 853

LEADS / CANTS Check completed by: _____ Faxed by: _____ Mailed by: _____