

**Extended Family Support Program
Tracking Form for Request for CANTS and LEADS Information**

HOUSEHOLD INFORMATION

Case ID Number: _____

1. Head of Household Name:	_____	<input type="checkbox"/> Signed CFS 600-3
2. Other Person over Age 12:	_____	<input type="checkbox"/> Signed CFS 600-3
3. Other Person over Age 12:	_____	<input type="checkbox"/> Signed CFS 600-3
4. Other Person over Age 12:	_____	<input type="checkbox"/> Signed CFS 600-3
5. Other Person over Age 12:	_____	<input type="checkbox"/> Signed CFS 600-3
6. Other Person over Age 12:	_____	<input type="checkbox"/> Signed CFS 600-3
7. Other Person over Age 12:	_____	<input type="checkbox"/> Signed CFS 600-3
8. Other Person over Age 12:	_____	<input type="checkbox"/> Signed CFS 600-3

Child Name:	_____	Birth Date:	_____
Child Name:	_____	Birth Date:	_____
Child Name:	_____	Birth Date:	_____
Child Name:	_____	Birth Date:	_____
Child Name:	_____	Birth Date:	_____

CASEWORKER INFORMATION

Caseworker:	_____	Phone:	_____
Supervisor:	_____	Phone:	_____
Agency:	_____	Fax:	_____

Supervisor's Signature	_____	Date	_____
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REFERRAL TRACKING INFORMATION

Date Form CANTS 48 Received: _____

Date Form CANTS 48 Sent: _____

Date Decision Returned: _____

RESULTS OF CANTS AND LEADS CHECK AND SERVICE ELIGIBILITY DECISION

- CANTS and LEADS check were negative and services can continue.
- CANTS and/or LEADS check was positive but services can continue. See brief synopsis below.
- CANTS and/or LEADS check was positive. Conduct staffing with EFSP Coordinator.
- Child is a ward of IDCFCS. Do not assist with guardianship. Prepare case for closure.
- CANTS and/or LEADS check was positive. Do not assist with guardianship. Prepare case for closure.
- CANTS and/or LEADS check was positive, services cannot continue and SCR should be contacted:

EFSP Coordinator	_____	Date	_____
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RESULTS OF STAFFING

- Staffing completed and services will continue.
- Staffing completed, concerns remain and case is terminated.

EFSP Coordinator	_____	Date	_____
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Head of Household Name: _____ SCR #: _____

Convictions/Indications Leading to the Decision to Deny Request for Assistance with Guardianship

Person	Year	Allegation/Conviction
CANTS	_____	_____
CANTS	_____	_____
Pending Investigation	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____

Convictions/Indications Requiring Staffing before Proceeding with Assistance with Guardianship

CANTS	_____	_____
CANTS	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____

Other Convictions/Indications Obtained from the CANTS or LEADS Report

CANTS	_____	_____
CANTS	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____
LEADS	_____	_____

Warrants

_____	_____
_____	_____
_____	_____

Additional Direction Provided to the EFSP Provider Pertaining to the CANTS or LEADS Report

