



**Illinois Department of Children & Family Services
Adoption Listing Service & Inquiry Unit (ALS)
Child Registration Form**

INSTRUCTION SHEET

1. Complete the three sections of the ALS Child Registration Form using the most current information.
2. Provide a *detailed* child summary that lists specific examples of the child's strengths and needs.
3. Obtain your supervisor's signature on page 5.
4. Fill out the CFS 600-3 (Rev. 7/2015). Note that two consents may be required: one for listing and one for photo posting. Forward the completed form to the DCFS Guardianship Administrator for approval and signature. *Please obtain the minor's signature if he/she is 12 years of age or older.*
5. Include a current professional or high-quality photo of the child if parental rights are terminated. Please do not fax photos, as this degrades the image quality. Child photos should be mailed or emailed only, not faxed.
6. The completed ALS child registration form can be submitted to the appropriate Child-Centered Recruitment Specialist via:

Email: Lindsay.Perlmutter@Illinois.gov

Thank you for your referral. The ALSI team looks forward to working with you to find a loving home and family for this child.

Questions? Call 1-847-764-5428 and ask to speak with one of our Adoption Listing Program specialists.

1. Child's Identifying Information

Child's Name: _____	Birthdate: _____
DCFS ID: _____	Current goal: <u>Adoption</u>
Race /Ethnicity: <u>Other</u>	Religion: _____
Gender: <u>Female</u>	Sexual Orientation: _____
Pronouns: _____	
Languages Spoken by Child: _____	
Date Child Entered Substitute Care: _____	Date Child Entered Current Placement: _____
TPR Date (Parent One): _____	TPR Date (Parent Two): _____
Screening Date (if no TPR): _____	Total Number of Placements: _____

Child's Worker: _____
Phone: _____ Email: _____
Supervisor: _____
Phone: _____ Email: _____
Foster Care Director: _____
Phone: _____ Email: _____
Agency: _____
Address: _____
City: _____ Zip Code: _____
DCFS Region: _____ Fax: _____
GAL: _____
Phone: _____ Email: _____
CASA Worker: _____
Phone: _____ Email: _____

Current Foster Parent/ Placement _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Why does the current foster parent not want to provide permanency?

Have all family members and fictive kin been ruled out as a permanent placement? _____

Names of Siblings to be Listed with the Child: _____

Other Siblings to Remain in Communication with: _____

Can there be other children in the Child's Adoptive Home? Yes No

If yes to other children, can the child be in an adoptive home with the following:

<input type="checkbox"/> Male children	<input type="checkbox"/> Female children
<input type="checkbox"/> Older children	<input type="checkbox"/> Younger children

Profile for Prospective Families Based on the Best Interests of the Child (Check all that apply)

<input type="checkbox"/> Two Parent Home (Male/Female)	<input type="checkbox"/> Single Parent Home (Male)
<input type="checkbox"/> Two Parent Home (Male/Male)	<input type="checkbox"/> Single Parent Home (Female)
<input type="checkbox"/> Two Parent Home (Female/Female)	<input type="checkbox"/> Single LGBT Parent
<input type="checkbox"/> Urban Home	<input type="checkbox"/> No Males in the Home
<input type="checkbox"/> Rural Home	<input type="checkbox"/> Suburban Home

Will families outside of Illinois be considered? If "No" please explain*:

What skills and experience should the family adopting this child have?

* Document how this is going to meet the child's best interest. (NOTE: Section 202 of the Adoption & Safe Families Act of 1997 requires states to develop plans to use cross-jurisdictional resources to effect timely adoptive placements for waiting children.)

2. Child's Needs Assessment

Key Development and Environmental Concerns (Check all that apply)

<input type="checkbox"/> Prenatal Alcohol Exposure	<input type="checkbox"/> History of Multiple Placements
<input type="checkbox"/> Alcohol Exposed in Home	<input type="checkbox"/> Mental Illness in Birth Family
<input type="checkbox"/> Prenatal Drug Exposure	<input type="checkbox"/> Intellectual Disability in Birth Family
<input type="checkbox"/> Drug Exposed in Home	<input type="checkbox"/> Premature Birth
<input type="checkbox"/> HIV Positive or Diagnosed with AIDS*	<input type="checkbox"/> History of Sexual Abuse
<input type="checkbox"/> Failure to Thrive	<input type="checkbox"/> History of Abuse
<input type="checkbox"/> History of Neglect	

*Condition shall be disclosed in accordance with DCFS Rule 431, Confidentiality of Personal Information, subsection 4331.110(b)(4)

What type of medication does the child take, if any (include dosage):

What type of medication does the child take, if any (include dosage and purpose):

Check all that apply

Physical Disabilities/Disorders	Yes	Previous History of	Explain
Amputee	a		
Anemia/Blood Disorder			
Blindness (Permanent)			

Cancer			
Cerebral Palsy			
Craniofacial Anomalies			
Cystic Fibrosis			
Deaf- Profound Hearing Loss			
Diabetes			
Encopresis/ Enuresis			
Epilepsy or seizure disorder			
Feeding Tube Use			
Hearing Loss – Partial			
Heart Defect			
Hydrocephalus			
Hyper/Hypothyroidism			
Irritable Bowel Syndrome (IBS) or Chron's			
Migraines			
Paralysis			
Respiratory Problems			
Sickle Cell Anemia or Trait			
Sleep Disorder			
Speech Disorder			
Terminal Illness			
Tourette Syndrome			
Visually Impaired			
Wheelchair Dependent			
Other:			

Behavioral Challenges	Yes	Previous History of	Explain
Bullying Peers			
Cruelty to Animals			
Damages Property			
Displays Oppositional Behavior			
Fire Setting/Playing with Matches			
Food Hoarding			
Inappropriate Interactions with Strangers			
Lack of Awareness of Others			
Lying			
Masturbating in Public			
Physically Acts out Towards Adults			
Physically Acts out Towards Peers			
Runs Away			
Sexually Acts Out			
Stealing			
Other:			

Mental Health Disorders	Yes	Previous History of	Explain
Adjustment Disorder			
Anorexia			
Attachment/Reactive Attachment Disorder (RADS)			
Attention Deficit Hyperactivity Disorder (ADHD)			
Bipolar Disorder			

Binge Eating Disorder			
Bulimia			
Conduct Disorder			
Depression			
Generalized Anxiety Disorder			
Loss Issues			
Obsessive Compulsive Disorder (OCD)			
Oppositional Defiant Disorder			
Post Traumatic Stress Disorder (PTSD)			
Psychosis			
Schizophrenia			
Self Harm			
Suicidal Ideation/Attempts			
Takes Psychiatric Medication			
Other:			
Neuro/Developmental Disorders	Yes	Previous History of	Explain
Autism			
Down Syndrome			
Fetal Alcohol Spectrum Disorder			
Intellectual Disability Disorder			
Learning Disorder			
Nonverbal			
Pervasive Developmental Disorder			
Sensory Processing Disorder			
Speech/Language Delay			

Any preferences from the child if possible (home with pets, home without smoking, etc):

Please submit completed forms to DCFS – Adoption Listing Service & Inquiry Unit (ALS) using any of the following:

Email: DCFS.AdoptionListingServicesInquiryUnit@illinois.gov