



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

We are very excited to get to work with you in finding permanency for waiting children! Please note that we only work with youth who have a current court-ordered permanency goal of Substitute Care Pending Termination of Parental Rights or Adoption (or if they have a goal of Adoption with a concurrent goal of Independence).

INSTRUCTION SHEET

1. Complete the three sections of this 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.
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.*
 - ALS-1a
 - ALS-1
 - ALSI Release of Information Form
 - If the child has a goal of adoption: an additional form must be completed: ALSI Photograph Consent Form.
 - If the child is 12 years of age or older: they also must sign forms the ALSI Release of Information Form 4 and, if they have a goal of adoption, the ALSI Photograph Consent Form.
5. The completed ALS child registration form can be submitted to the appropriate Child-Centered Recruitment Specialist via email: LindsayPerlmutter@letitbeus.org
6. Additional documentation to submit with the registration form:
 - Copy of the court order with the current permanency goal.
 - If the child has a goal of adoption, current professional or high-quality photos of the child.
 - If the child is living in a foster home, a completed CFS 1443 stating that the current foster parent(s) does not want to adopt this child.

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: _____	Race: _____	Ethnicity: _____
Religion: _____	Gender: _____	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 Full Name: _____		
Phone: _____	Email: _____	
Supervisor: _____		
Phone: _____	Email: _____	
Foster Care/Agency Director Full Name: _____		
Phone: _____	Email: _____	
Agency: _____		
Address: _____		
City: _____	Zip Code: _____	Agency County: _____
DCFS Region: _____	Fax: _____	
GAL Full Name: _____		
Phone: _____	Email: _____	
Children Therapist Full Name: _____		
Phone: _____	Email: _____	
CASA Worker Full Name: _____		
Phone: _____	Email: _____	

Current Foster Parent(s)/ Placement Full Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

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

Has the current placement completed the CFS 1443 stating they do not want to adopt this child?

Yes No

If the child is living in a foster home, we have to rule out the current foster parent(s) as an adoptive resource. As such, please make sure the foster parent(s) completes the CFS 1443 form to confirm they do not want to adopt this child (page 3) and that they will support the child to transition into a new family (page 4).

Have all family members and fictive kin been ruled out as a permanent placement? Yes No

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
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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 medication is child prescribed, if any (include dosage, purpose, and whether child is compliant):

Physical Disabilities/Disorders (check all that apply)

Physical Disabilities/Disorder	Yes	Explain, including previous history
Amputee		
Anemia/Blood Disorder		
Blindness (Permanent)		
Cancer		
Cerebral Palsy		
Colostomy Bag		
Craniofacial Anomalies		
Cystic Fibrosis		
Deaf- Profound Hearing Loss		
Diabetes		
Encopresis/ Enuresis		
Epilepsy or seizure disorder		
Feeding Tube Use		
Hearing Loss – Partial		Clarify extent:
Heart Defect		
Hydrocephalus		
Hyper/Hypothyroidism		
Irritable Bowel Syndrome (IBS) or Crohn's Disease		
Migraines		
Paralysis		
Respiratory Problems		
Sickle Cell Anemia or Trait		
Sleep Disorder		
Speech Disorder		
Terminal Illness		

Physical Disabilities/Disorder	Yes	Explain, including previous history
Tourette Syndrome		
Visually Impaired		
Wheelchair Dependent		
Other:		

Behavioral Challenge	Yes	Explain, including previous history
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 Disorder	Yes	Explain, including previous history
Adjustment Disorder		
Anorexia		
Attachment/Reactive Attachment Disorder (RADSD)		
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)		
Psychiatric Hospitalization		
Psychosis		
Schizophrenia		
Self Harm		
Suicidal Ideation/Attempts		
Takes Psychiatric Medication		
Other:		

Neuro/Developmental Disorder	Yes	Explain, including previous history
Autism		
Down Syndrome		
Fetal Alcohol Spectrum Disorder		
IEP/504 Plan		
Intellectual Disability Disorder		
Learning Disorder		
Nonverbal		
Pervasive Developmental Disorder		
Sensory Processing Disorder		
Speech/Language Delay		
Other:		

If so, describe needs/treatment plan:

Is the child Developmentally Delayed according to the following federal definition?

DEVELOPMENTAL DISABILITY: A severe chronic disability which is attributed to a mental and/or physical impairment; is manifested before the age of twenty-two; is likely to continue indefinitely; results in the substantial functional limitations in three or more of the following major life activities; 1) self-care; 2) receptive and expressive language; 3) learning; 4) mobility; 5) self-direction; 6) capacity for independent living; and 7) economic self-sufficiency; and reflects the person's need for a combination of special care, treatment, or other services which are lifelong or of extended duration.

Yes No

I have verified that the Child's Needs Assessment is accurate and documented in the child's record.

Supervisor's Signature

Date

3. Child's Summary of Strengths and Needs

This information will be used to develop the child's biography, which will be posted to both the (Illinois-specific) DCFS website and the (national) AdoptUSKids website. Please be specific, detailed and descriptive. Use a separate page(s) if needed.

Describe the child's personality, including strengths and special talents. What are the child's favorite activities? Hobbies? Favorite toys? Favorite pets? Give specific examples:

Describe the child's behavior at home and school. Include positive comments from his/her foster parent(s):

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

Please email the completed forms to the Director of Adoption Listing Service of Illinois, Lindsay Perlmutter, at lindsayperlmutter@letitbeus.org