

# Let it Be

INNOVATIVE SOLUTIONS FOR  
FOSTER CARE & ADOPTION



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

1. Families that have a completed home study and are licensed for the purpose of adoption, who wish to adopt waiting children in the care of the Illinois Department of Children and Family Services (DCFS), may register with ALS by completing this form.

2. This form contains 6 sections. It is very important that you answer all questions in each section. Please type your answers.

3. This form may be completed by a licensed family or their agency's worker; however, the licensed family and licensing worker must sign the last page of this form.

4. If you have any questions about this form, please call 224-517-5619 and ask to speak with an ALS worker. Thank you for your interest. ALS looks forward to working with you.

*Illinois DCFS and ALS does not and shall not discriminate on the basis of race, religion, creed, national origin, ancestry, sex, gender, gender identity, gender expression, marital status, unfavorable discharge from military service, order of protection status, sexual orientation, pregnancy, physical or mental handicap/disability, or age. These activities include, but are not limited to, the provision of services to clients. We affirmatively welcome all stable, nurturing families and individuals, and we strive to be culturally competent in serving all clients.*

### 1. Basic Family Information

Today's Date \*

 /  / 

DCFS Provider Number

### Prospective Adoptive Parent #1 Information

First name \*

Last name \*

Email \*

Phone number \*

Date of Birth \*

 /  / 

Religion \*

Race \*

- Asian
- Biracial/Multiracial
- Black or African American
- Middle Eastern or North African
- Native American or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other
- Prefer not to disclose
- White

Ethnicity \*

Gender \*

Pronouns \*

Sexual Orientation \*

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Questioning
- Transgender

Occupation \*

### Prospective Adoptive Parent #2 Information

First Name

Last name parent two

Email Parent 2

Phone Number Parent 2

Date of Birth Parent 2

 /  / 

Religion ALS Parent 2

Race Parent 2

- Native American or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to disclose
- Middle Eastern or North African
- Biracial/Multiracial

Ethnicity Parent 2

Please Select 

Gender Parent Two

Please Select 

Pronouns Parent Two

Please Select 

Occupation Parent Two

Sexual Orientation Parent Two

- Gay
- Lesbian
- Bisexual
- Transgender
- Questioning
- Heterosexual

## 2. License Information

Street address \*

City \*

State \*

Please Select 

Zip Code \*

County

Please Select 

Home Phone Number \*

Licensing Agency \*

Licensing Worker's Name \*

Licensing Worker's Email Address \*

Licensing Worker's Phone Number \*

Licensing Supervisor's Name \*

Licensing Supervisor's Email Address \*

Licensing Supervisor's Phone Number \*

Licensing Agency Address \*

Licensing Agency City \*

Licensing Agency Zip Code \*

Maximum number of children approved for your family \*

### 3. Tell Us More About Your Family

Marital Status \*

Type of Community You Reside \*

- Urban
- Suburban
- Rural

Pets \*

- Yes
- No

Other Adults Currently Living in Your Household \*

- Yes
- No

Are there children currently living in your household? \*

- Yes
- No

Describe your Experience with Children (check all that apply)

- Parenting children currently
- Parenting children who are now adults
- Parenting/parented a child with a physical disability
- Parenting/parented a child with a mental health disability

- Provide(d) Foster Care
- Provide(d) Specialized Foster Care
- Provide(d) daycare
- Other

#### 4. The Child(ren) You Would Like to Adopt

Help us learn more about the child(ren) you would like to welcome into your family. Please answer all questions below, as it will help us identify appropriate matches.

Youngest age you'd like to adopt

Please Select



Oldest age you'd like to adopt

Please Select



How many children are you able to adopt? (check all that apply) \*

- One child
- Two siblings
- Three siblings
- Four or more siblings

Race/Ethnicity (check all that apply) \*

- No Preference
- African American
- Asian
- Pacific Islander/Native Hawaiian
- White/Caucasian
- Hispanic/Latino
- Biracial/Multiracial

Gender (check all that apply) \*

- Female
- Male
- Transgendered Female (male to female)
- Transgendered Male (female to male)
- Non-binary

Open to LGBTQ+ Youth (check all that apply)

- Gay
- Lesbian
- Bisexual
- Transgender
- Questioning
- None of the Above

Open to supporting child's continuing contact with the following (check all that apply)

- Birth Parents
- Birth Siblings
- Birth Grandparents
- Extended Family
- Former Foster Parents
- Fictive Kin

Key Development & Environmental Concerns (check all that you are open to)

- Prenatal Alcohol Exposure
- Alcohol Exposed in Home
- Prenatal Drug Exposure
- Drug Exposed in Home
- HIV Positive or Diagnosed with AIDS
- Failure to Thrive
- History of Neglect

- History of Multiple Placements
- Mental Illness in Birth Family
- Intellectual Disability in Birth Family
- Premature Birth
- History of Sexual Abuse
- History of Abuse

## 5. Your Experience, Thoughts, and Preparation to Adopt from the Foster Care System

Would you be open to adopting a child(ren) with any of the following conditions?

Amputee \*

- Yes
- No

Anemia/Blood Disorder \*

- Yes
- No

Asthma \*

- Yes
- No

Blindness (Permanent) \*

- Yes
- No

Cancer \*

- Yes
- No

Cerebral Palsy \*

- Yes
- No

Craniofacial Anomalies \*

- Yes
- No

Cystic Fibrosis \*

- Yes
- No

Deaf-Profound Hearing Loss \*

- Yes

No

**Diabetes \***

Yes

No

**Encopresis/Enuresis \***

Yes

No

**Epilepsy or seizure disorder \***

Yes

No

**Feeding Tube Use \***

Yes

No

**Hearing Loss – Partial \***

Yes

No

**Heart Defect \***

Yes

No

**Hydrocephalus \***

Yes

No

**Hyper/Hypothyroidism \***

Yes

No

**Irritable Bowel Syndrome (IBS) or Crohn's Disease \***

Yes

No

**Migraines \***

Yes

No

**Paralysis \***

Yes

No

**Respiratory Problems \***

- Yes
- No

**Sickle Cell Anemia or Trait \***

- Yes
- No

**Sleep Disorder \***

- Yes
- No

**Speech Disorder \***

- Yes
- No

**Terminal Illness**

- Yes
- No

**Tourette Syndrome \***

- Yes
- No

**Visually Impaired \***

- Yes
- No

**Wheelchair Dependent \***

- Yes
- No

**Would you be open to adopting a child(ren) with any of the following behavioral challenges?**

**Bullying Peers \***

- Yes
- No

**Cruelty to Animals \***

- Yes
- No

**Damages Property \***

- Yes
- No



Displays Oppositional Behavior \*

- Yes
- No

Fire Setting/Playing with Matches \*

- Yes
- No

Food Hoarding \*

- Yes
- No

Inappropriate Interactions with Strangers \*

- Yes
- No

Lack of Awareness of Others \*

- Yes
- No

Lying \*

- Yes
- No

Masturbating in Public \*

- Yes
- No

Physically Acts out Towards Adults \*

- Yes
- No

Physically Acts out Towards Peers \*

- Yes
- No

Runs Away \*

- Yes
- No

Sexually Acts Out \*

- Yes
- No

Stealing \*

- Yes

No

**Other Behavioral Challenges \***

Yes

No

**Would you be open to adopting a child(ren) with any of the following mental health disorders?**

**Adjustment Disorder \***

Yes

No

**Anorexia \***

Yes

No

**Attachment/Reactive Attachment Disorder (RAD) \***

Yes

No

**Attention Deficit Hyperactivity Disorder (ADHD) \***

Yes

No

**Bipolar Disorder \***

Yes

No

**Binge Eating Disorder \***

Yes

No

**Bulimia \***

Yes

No

**Conduct Disorder \***

Yes

No

**Depression \***

Yes

No

**Generalized Anxiety Disorder \***

Yes

No

**Loss Issues \***

Yes

No

**Obsessive Compulsive Disorder (OCD) \***

Yes

No

**Oppositional Defiant Disorder \***

Yes

No

**Post Traumatic Stress Disorder (PTSD) \***

Yes

No

**Psychosis \***

Yes

No

**Schizophrenia \***

Yes

No

**Self Harm \***

Yes

No

**Suicidal Ideation/Attempts \***

Yes

No

**Takes Psychiatric Medication \***

Yes

No

**Other Mental Health Disorders \***

Yes

No

**Would you be open to adopting a child(ren) with any of the following neuro/developmental disorders?**

**Autism \***

Yes

No

Down Syndrome \*

Yes

No

Fetal Alcohol Spectrum Disorder \*

Yes

No

Intellectual Disability Disorder \*

Yes

No

Learning Disorder \*

Yes

No

Nonverbal \*

Yes

No

Pervasive Developmental Disorder \*

Yes

No

Sensory Processing Disorder \*

Yes

No

Speech/Language Delay \*

Yes

No

Other Neuro/Developmental Disorders \*

Yes

No

List any training or experience you have with individuals with special needs (ex. Trauma history, mental health problems, physical disability, etc.) \*

What is your motivation for wanting to adopt a child from the foster care system \*

Describe your family's rules, boundaries, and methods of discipline \*

Describe how you would respond to a child's problematic behaviors that may be a trigger due to their history of trauma \*

Describe resources in your community that could support a child's social, emotional, and education needs \*

## 6. Parent Authorizations

Please note that you will receive an email with the completed form after you submit this form electronically that you and your licensing worker will have to sign by hand. Please sign where indicated, ask your licensing worker to sign where indicated, and then email the signed copy to the Director of the Adoption Listing Service of Illinois, Lindsay Perlmutter, at [lindsayperlmutter@letitbeus.org](mailto:lindsayperlmutter@letitbeus.org).

### Parent #1 Authorizations

- I authorize Adoption Listing Services to try to match my family with a waiting child(ren). \*
- I authorize my licensing agency to release a copy of my home assessment to the Adoption Listing Service for the purpose of matching my family with waiting children. \*
- I authorize the Adoption Listing Service to give my contact information, registration form, home study, and any additional information to assist with the matching decision to children's case managers. \*

### Parent #2 Authorizations

- I authorize Adoption Listing Services to try to match my family with a waiting child(ren).
- I authorize the Adoption Listing Service to give my phone number, email address, registration form, and home study to children's case managers.
- I authorize my licensing agency to release a copy of my home assessment to the Adoption Listing Service for the purpose of matching my family with waiting children.

**Submit**

