



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

1. Prospective Adoptive Parents who 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 (1) sending their home study to ALSI (will discuss what email or e-submission method) and (2) submitting a completed, signed copy of this Family Registration Form by:

(1) Emailing their home study to ALSI at adoptionlistingservice@letitbeus.org and

(2) Submitting a completed, signed copy of this Family Registration Form by:

- Filling out this form and submitting it electronically
- Upon receipt of email with PDF version of the completed form, all prospective adoptive parents and their Licensing Worker need to sign the form
- Email completed, signed form to ALSI at adoptionlistingservice@letitbeus.org

2. This form contains 6 sections. It is very important that you answer all questions in each section. Please type your answers as handwritten submissions will not be processed.

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 *

MM / DD / YYYY

DCFS Provider Number

Prospective Adoptive Parent #1 Information

First name *

Last name *

Preferred Name

Email *

Phone number *

Date of Birth *

MM / DD / YYYY

Religion *

Please Select

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 *

Please Select

Gender *

Please Select

Pronouns *

Please Select

Sexual Orientation *

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

Occupation *

Prospective Adoptive Parent #2 Information

First Name Parent 2

Last name Parent 2

Preferred Name Parent 2

Email Parent Parent 2

Phone Number Parent Two

Date of Birth Parent Two

 / /

Religion ALS Parent Two

 

Race Parent Two

- ☐ 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 Two

 

Gender Parent Two

 

Pronouns Parent Two

 

Occupation Parent Two

Sexual Orientation Parent Two

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

2. License Information

Street address *

City *

State *

 

Zip Code *

County

 

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 *

Please Select 

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 Eperience, 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

Are you open to adopting a child(ren) who needs additional support with any of the following behaviors? (check all that apply)

Bullying Peers *

- ☐ Yes
- ☐ No

Unsafe or inappropriate interactions with animals *

- ☐ Yes
- ☐ No

Damages Property *

- ☐ Yes
- ☐ No

Displays Oppositional Behavior *

- ☐ Yes
- ☐ No

Fire Setting/Playing with Matches *

- ☐ Yes
- ☐ No

Food insecurity-related behaviors (e.g., hoarding or hiding food) *

- ☐ Yes
- ☐ No

Inappropriate Interactions with Strangers *

- ☐ Yes
- ☐ No

Lack of Awareness of Others *

- ☐ Yes
- ☐ No

Lying *

- ☐ 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 Support *

☐ 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

After you submit your form electronically, you will receive an email with the completed form.

Please sign where indicated, ask your licensing worker to sign where indicated, and then email the signed copy to ALSI at adoptionlistingservice@letitbeus.org

Reminder: You will not be registered with the Adoption Listing Service of Illinois unless you email the following to ALSI at adoptionlistingservice@letitbeus.org:

- (1) Your home assessment and
- (2) A copy of this form that has been signed by you and your Licensing Worker

Parent #1 Authorizations

☐ I confirm that the Adoption Listing Service will email me a copy of this form that I will sign and have my Licensing Worker sign before submitting it to ALS. I authorize the Adoption Listing Service to release a copy of this form to try to match my family with a waiting child(ren). *

☐ I authorize the 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/teams. *

Parent #2 Authorizations

- ☐ I confirm that the Adoption Listing Service will email me a copy of this form that I will sign and have my Licensing Worker sign before submitting it to ALS. I authorize the Adoption Listing Service to release a copy of this form to try to match my family with a waiting child(ren).
- ☐ 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/teams.

Submit