



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

We are very excited to get to partner with you to find adoptive families for our waiting children! Please note that we only work with youth who (1) are in need of an adoptive placement and (2) have a current court-ordered permanency goal of Substitute Care Pending TPR or Adoption (or a goal of Adoption with a concurrent goal of Independence).

INSTRUCTION SHEET

Adoption Listing Service Child Registration Form (this form)

1. Complete all parts of this form using the most current information you have on the child.
2. Obtain your supervisor's signature on the last page.
3. Please email the completed form to dcfs.adoptionlistingservicesinquiryunit@illinois.gov.

Additional Registration Requirements:

Please also email the following documents to dcfs.adoptionlistingservicesinquiryunit@illinois.gov:

4. The following additional Registration Forms ([LINK](#)):
 - [ALS-1a](#)
 - [ALS-1](#)
 - Note: you do NOT need to submit a photograph - we have volunteer professional photographers who will take pictures of each child
 - [ALSI Release of Information Form](#)

If the child has a goal of adoption, an additional form must be completed:

- [ALSI Photograph Consent Form](#).

NOTE: If the child is 12 years of age or older: they also must sign the ALSI Release of Information Form and, if they have a goal of adoption, the ALSI Photograph Consent Form.

5. Additional Records:

- Copy of the court order with the child's current permanency goal.
- 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. We look 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 a member of the Adoption Listing Service team.*

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: _____
Is this child Title IV-E eligible? (Y/N) _____

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: _____
Child's Therapist Full Name: _____
Phone: _____ Email: _____

CASA Worker Full Name: _____

Phone: _____ Email: _____

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

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

If child is living in a foster home:

- Why does the current foster parent(a) not want to provide permanency?
- Has the current placement completed the CFS 1443 stating they do not want to adopt this child?

☐ Yes ☐ No

As noted in instructions above, if the child is living in a foster home, foster parent(s) must confirm that they do not want to adopt this child (page 3).

- Is the child aware that their current foster parent(s) does not want to adopt them?

☐ Yes ☐ No

If not, is there a plan for informing them?

- **If child is living in a group home or residential placement**, please share the name and contact information for members of their case management team:

- Is the child currently ready to be placed into a home environment? ☐ Yes ☐ No

If not, when is the estimated timeline for when they will be ready

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: _____

Other family members to remain in communication with: _____

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

If yes to other children, check all of the following types of children that they can be placed with:

<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
<input type="checkbox"/> Pets in the home	

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

** 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.)*

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

2. Child's Needs Assessment

Please be as thorough as possible with your responses in this section. Your answers provide us with a comprehensive understanding of the child and assist us to make thoughtful, strategic decisions about whether any families are open and equipped to meet all of their particular needs and honor their individual strengths.

- It is important to not only acknowledge all current conditions/behaviors, but to also include any previous history of those conditions/behaviors so the family can fully understand their history, progress, and resiliency.
- Please only confirm official diagnoses that have been made by a medical or mental health professional (feel free to add a note if you believe any diagnosis is forthcoming)

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 Health Problems 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)**

If checked yes to any of the above concerns, please provide a detailed description below (ex. If mental health problems in birth family, include all confirmed diagnoses):

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

Physical Disabilities/Disorders (check Yes if current, check Previous History if previous)

Physical Disabilities/Disorders	Yes	Previous History	Explain, including previous history
Amputee			
Anemia/Blood Disorder			
Arthritis			
Asthma			
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			

Physical Disabilities/Disorders	Yes	Previous History	Explain, including previous history
Sleep Disorder			
Speech Disorder			
Terminal Illness			
Tourette Syndrome			
Visually Impaired			
Wheelchair Dependent			
Other:			

Behavioral Challenge	Yes	Previous History	Explain, including previous history
Bullying Peers			
Unsafe or Inappropriate Behaviors with Animals			
Damages Property			
Displays Oppositional Behavior			
Fire Setting/Playing with Matches			
Food Insecurity-Related Behaviors			
Inappropriate Interactions with Strangers			
Juvenile Justice Involvement			
Lack of Awareness of Others			
Lying			
Physically Acts out Towards Adults			
Physically Acts out Towards Peers			
Runs Away			

Behavioral Challenge	Yes	Previous History	Explain, including previous history
Sexually Acts Out			
Stealing			
Drug/substance use			
Noncompliant with Medications			
Hygiene Problems			
Other:			

Mental Health Disorder	Yes	Previous History	Explain, including previous history
Adjustment Disorder			
Alcohol or substance use disorder			
Anorexia			
Attachment/Reactive Attachment Disorder (RAD)			
Attention Deficit Hyperactivity Disorder (ADHD)			
Bipolar Disorder			
Binge Eating Disorder			
Bulimia			
Conduct Disorder			
Depression			
Disruptive Mood Dysregulation Disorder (DMDD)			
Generalized Anxiety Disorder			
Loss Issues			
Obsessive Compulsive Disorder (OCD)			
Oppositional Defiant Disorder			

Mental Health Disorder	Yes	Previous History	Explain, including previous history
Post Traumatic Stress Disorder (PTSD)			
Psychiatric Hospitalization			
Psychosis			
Schizophrenia			
Self Harm			
Suicidal Ideation/Attempts			
Takes Psychiatric Medication			
Auditory/Visual Hallucinations			
Other:			
Neuro/Developmental Disorder	Yes	Previous History	Explain, including previous history
Autism Spectrum Disorder			(if yes, what level?)
Down Syndrome			
Fetal Alcohol Spectrum Disorder			
IEP/504 Plan			
Intellectual Disability			
Learning Disorder			
Nonverbal			
Pervasive Developmental Disorder			
Sensory Processing Disorder			
Speech/Language Delay			
Other Neuro/Developmental Disorders:			

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

If so, describe needs/treatment plan:

3. Child's Summary of Strengths and Needs

This information will be used to develop the child's profile, 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):

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

Supervisor's Signature

Date

Please email the completed forms to the Adoption Listing Service of Illinois team at dcfs.adoptionlistingservicesinquiryunit@illinois.gov.

How Did You Hear About the Adoption Listing Service of Illinois at Let It Be Us?